DOCUMENT RESUME

ED 253 191 HE 018 100

TITLE	Nursing Education in Western Australia. Joint Report to the Minister for Education and the Minister for Health from the Committee on Enquiry into Nursing Education. Volume 1.
INSTITUTION	Western Australian Post Secondary Education Commission, Nedlands.
PUB DATE	Oct 84
NOTE	293p.
AVAILABLE FROM	Western Australian Post Secondary Education Commission, 16 Stirling Highway, Nedlands, Western Australia 6009.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC12 Plus Postage.
DESCRIPTORS	*Access to Education; Admission Criteria; *Articulation (Education); *College Programs; Demand Occupations; Dental Assistants; Dental Hygienists; *Employment Opportunities; Foreign Countries; Labor Supply; Mental Health; Nontraditional Students; *Nursing Education; Pediatrics; Postsecondary Education; *Teaching Hospitals
IDENTIFIERS	*Australia (Western Australia)

ABSTRACT

The final report and recommendations of the Nursing Education Committee of the Western Australian Post Secondary Education Commission are presented, with specific attention to articulation between hospital general nursing schools and colleges of advanced education. After reviewing general issues in nursing, nurse supply and demand, access to the nursing profession, and general and specialty nursing are addressed. Consideration is given to national influences in nursing education and the Sax report, the Western Australia Nurses Board, basic and post-basic courses, and changes in nurse education in Western Australia since 1978. After considering the supply of nurses during 1975-1983 and variables influencing nurse supply and demand, access to the professions by the low income, ethnic and indigenous people, mature-age students, and country residents are discussed. Information is included on hospital-based and college programs and continuing education for registered general nurses, community nurses, and nurses in midwifery, child health, school health, occupational health, and family planning. Entry requirements, educational programs, and employment are also considered for the registered enrolled nurse, the mothercraft (i.e., child) nurse, the registered dental nurse, and the registered mental health nurse. (SW)

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NURSING EDUCATION IN WESTERN AUSTRALIA

REPORT OF THE COMMITTEE OF INQUIRY INTO NURSING EDUCATION

VOLUME 1

WESTERN AUSTRALIAN POST SECONDARY EDUCATION COMMISSION

OCTOBER 1984

18 October 1984

Hon B J Hodge
MINISTER FOR HEALTH

Hon R J Pearce
MINISTER FOR EDUCATION

Dear Ministers

NURSING EDUCATION COMMITTEE

In accordance with our terms of reference, I now have pleasure in submitting to you, on behalf of your Nursing Education Committee, our final Report and recommendations.

The summary indicates the decisions which we believe need to be taken in order to enhance the quality and quantity of nursing education available in Western Australia and, in particular, to ensure a smooth transfer of responsibility for general nurse education from hospital schools to colleges of advanced education. I commend these recommendations for your early consideration and decision.

In presenting this Report to you I wish to record my sincere appreciation for the contributions made by members of the Committee, the Secretariat, the staff of WAPSEC and the many interested and helpful persons in the community, the profession, and health and educational institutions and agencies. We are all in their debt for their time given to meetings, visits, documentation and interviews which were additional to normal duties.

W A Pullman
CHAIRMAN

REPORT OF THE COMMITTEE OF INQUIRY INTO NURSING EDUCATION

- CONTENTS -

VOLUME ONE

	PAGE
SUMMARY	x.
CHAPTER 1 - INTRODUCTION	
CONSTITUTION OF THE COMMITTEE	1
MEMBERSHIP OF THE COMMITTEE	1
TERMS OF REFERENCE	2
METHODOLOGY	3
CHAPTER 2 - OVERVIEW OF ISSUES	
CHANGING DIMENSIONS OF NURSING	5
The Role of the Nurse	5
Nurse Education: Some General Concerns	6
THE CONTEXT OF NURSING IN WESTERN AUSTRALIA	8
National Influences - Developments in Australian Nursing Education	8
National Influences - The Sax Report	11
SITUATION IN WESTERN AUSTRALIA	13
Nurses Board of Western Australia	13
Schools of Nursing in Western Australia	15
Education Opportunities: Some Descriptors	16
Provision of Basic Courses in Western Australia	17
Provision of Post Basic Courses in Western Australia	18
CHANGES IN NURSE EDUCATION IN WESTERN AUSTRALIA SINCE SAX (1978)	21
Overall Improvements	21
General Nursing	22
Mental Health Nursing	22
Dental Nursing	22
Enrolled Nursing	22
Post Basic Nursing	23
1984 DEVELOPMENTS	23
Commonwealth Tertiary Education Commission: Report for 1985-87 Triennium	23
Inter-Departmental Committee	24
Commonwealth Initiatives: Transfer of Basic Nurse Education	25
IMPLEMENTATION OF CHANGE IN WESTERN AUSTRALIA	27
NOTES	27

CHAPTER 3 - SUPPLY AND DEMAND OF NURSING PERSONNEL IN WESTERN AUSTRALIA

SUPPLY OF NURSES IN WESTERN AUSTRALIA 1975-1983 29

VARIABLES INFLUENCING THE SUPPLY OF NURSES 30
- Graduates from Outside Western Australia 31
- Local Graduates 32
- Inactive Personnel 34

VARIABLES INFLUENCING THE DEMAND FOR NURSES 35
- Costs 35
- New Services 35
- Demographic Factors 36
- Changing Nature of Health Care Delivery 36
- Staff/Patient Ratios 36
- Legislative Changes 36
- Industrial Awards 36

EVALUATION AND ISSUES 37
- General Concerns Related to Supply and Demand 37
- Supply and Demand of Nurses in Country Areas 38

SUMMARY 39

NOTES 40

CHAPTER 4 - ACCESS TO THE NURSING PROFESSION

GENERAL ACCESS 41

ACCESS TO MEMBERS OF FINANCIALLY DISADVANTAGED GROUPS 41
- Financial Support for College Based Nursing Students 43

ETHNIC AND INDIGENOUS PEOPLES 45
- Special Needs of Patients 46
- Widening Access to the Nursing Profession 48

MATURE AGE STUDENTS 51

COUNTRY RESIDENTS 52

SUMMARY 52

NOTES 53

CHAPTER 5 - THE REGISTERED GENERAL NURSE

BACKGROUND 54
- The Role and Functions of the Registered General Nurse ... 54
- Competencies of the Registered General Nurse..... 57

THE CURRENT SITUATION IN WESTERN AUSTRALIA 58
- General Nursing: Trends in Student Statistics and Registrations 58
- Entry Requirements to General Nursing Courses 60

HOSPITAL BASED NURSING PROGRAMS 63
Educational Program of a Hospital School of Nursing 63
The Issues in Relation to Hospital Based Programs 71
Improvements to Hospital Based Programs 78

COLLEGE BASED NURSING PROGRAMS 92
Education Program of a College Based School of Nursing ... 92
The Issues Relating to College Based Programs 95
Level of Award to College Graduates from Pre-Registration Nursing Courses 102

TRANSFER OF GENERAL NURSING EDUCATION TO HIGHER EDUCATION ... 103
A Phased Approach 103

SUMMARY 127

NOTES 128

CHAPTER 6 - EDUCATION OPPORTUNITIES FOR REGISTERED GENERAL NURSES

OVERVIEW OF OPPORTUNITIES 129
Post Basic Courses Leading to Registration in a Second Category 129
Post Basic Certificate Courses 129
Post Basic Courses in Higher Education 130
Continuing and Inservice Education 132
Refresher/Re-registration Courses 133

EVALUATION AND ISSUES 134
Post Basic Certificate Courses 135
Post Basic Courses in Higher Education 136

COMMUNITY NURSING 140

MIDWIFERY 141

BACKGROUND 141
The Role of the Midwife 141
Functions and Competencies 142

CURRENT SITUATION IN WESTERN AUSTRALIA 143
Midwifery Nursing: Trends in Student Statistics and Registrations 143
Entry Requirements 144
Education Program 144
Employment Settings 145

EVALUATION AND ISSUES 146
Educational Program 146
Supply and Demand 147

CHILD HEALTH NURSING 148

BACKGROUND 148
Role of the Child Health Nurse 148
Functions and Competencies of the Child Health Nurse 150

CURRENT SITUATION IN WESTERN AUSTRALIA 150
Child Health Nurses: Trends in Student Statistics and Registrations 150
Entry Requirements 152
Educational Program 152
Employment Settings 154

EVALUATION AND ISSUES 154
Supply and Demand 154
Education Program 155

SCHOOL HEALTH NURSING 156

OCCUPATIONAL HEALTH NURSING 158

THE FAMILY PLANNING NURSE 159

SUMMARY 161

CHAPTER 7 - THE REGISTERED MENTAL HEALTH NURSE

BACKGROUND 163
The Role of the Mental Health Nurse 163
Functions and Competencies 163

CURRENT SITUATION IN WESTERN AUSTRALIA 165
Mental Health Nurses: Trends in Student Statistics and Registrations 165
Entry Requirements to Mental Health Nursing 167
Education Program 167
Improvements to Mental Health Nursing Education Since 1978 170
Employment Settings 171

EVALUATION AND ISSUES 173
The Changing Nature of Mental Health Care 173
Requirements for Mental Health Nursing Recruitment 174
A Transfer of Mental Health Nurse Education Training to Higher Education 175
Strengths and Weaknesses of Existing Hospital Based Program 178
Improvements to the Hospital Based Mental Health Nursing Program 179
Further Education Opportunities for Mental Health Nurses 183
Industrial Matters 186

SUMMARY 186

NOTES 187

CHAPTER 8 - THE REGISTERED ENROLLED NURSE

BACKGROUND 188
The Role of the Enrolled Nurse 188
Functions and Competencies of the Enrolled Nurse 188

THE CURRENT SITUATION IN WESTERN AUSTRALIA 189
Enrolled Nursing: Trends in Student Statistics and Registrations 189
Locations of Schools of Enrolled Nurse Training 191
Entry Requirements to Enrolled Nursing Courses 192
Educational Program 192
Employment Settings for Enrolled Nurses 194
Further Education Opportunities for Enrolled Nurses 194

EVALUATION AND ISSUES 195
General Comments 195
Enrolled Nurses: Supply and Demand Issues 197
Pre-Service Training: Hospital Based Programs 197
Country Training 201
Transfer of Enrolled Nurse Education to Post Secondary Education 202
Criteria for Transfer of Enrolled Nurse Education to Technical and Further Education 205
Further Education Opportunities for Registered Enrolled Nurses 208
Enrolled Mental Health Nurses 212
Professional and Industrial Issues 212

SUMMARY 215

NOTES 215

CHAPTER 9 - THE REGISTERED MOTHERCRAFT NURSE

BACKGROUND 216
The Role of the Mothercraft Nurse 216
Functions and Competencies of the Mothercraft Nurse 217

THE CURRENT SITUATION IN WESTERN AUSTRALIA 218
Mothercraft Nursing: Trends in Student Statistics and Registrations 218
The Ngal-a Home and Training Centre 219
Entry Requirements 221
Education Program: Mothercraft Nursing 222
Employment Settings for Mothercraft Nurses 223
The Child Care Certificate 223

EVALUATION AND ISSUES 226
Mothercraft Nursing Course at Ngal-a: Advantages and Disadvantages 226
Child Care Certificate Course: Advantages and Disadvantage 228
Amalgamation 229
Industrial Issues 232

SUMMARY 233

NOTES 233

CHAPTER 10 - THE REGISTERED DENTAL NURSE

BACKGROUND 234

THE DENTAL NURSE 234
- Role of the Dental Nurse 234
- Functions and Competencies 234
- Dental Nursing: Trends in Student Statistics and Registrations 235
- Entry Requirements 236
- Educational Program 237
- Employment Settings 238

DENTAL THERAPISTS 239
- Role of the Dental Therapist 239
- Education, Training and Employment 240
- The Debate within the Dental Therapy Profession 240

DENTAL ASSISTANTS 241
- Role of the Dental Assistant 241
- Education, Training and Employment 241

DENTAL TECHNICIANS 242

EVALUATION AND ISSUES 242
- Changing Nature of Dental Practice - Supply and Demand Issues 242
- Changing Nature of Dental Practice - Education Implications 243
- Industrial Issues 244

SUMMARY 245

NOTES 245

TABLES AND DIAGRAMS

TABLE 2(1) Location and Size of College Based Nurse Education Courses in Australia 1983 10

TABLE 2(2) Basic Pre-Registration Courses 18

TABLE 2(3) Post Basic Registration Courses 20

TABLE 3(1) Nurses Board Registrations, By Divisions, 1975-1983 30

TABLE 3(2) New Registrations, By Origin, 1975-1983 31

TABLE 3(3) Employment of Registered Nurses (General and Enrolled), 1983 34

TABLE 5(1) General Nursing Student Statistics 1975-1983 59

TABLE 5(2)	General Nurses Registered with the Nurses Board (as of 31 December)	59
TABLE 5(3)	Schools of General Nursing	61
TABLE 5(4)	Outline of Three Year General Nursing Program Sir Charles Gairdner Hospital School of Nursing	64
TABLE 5(5)	Outline of Three Year General Nursing Program Western Australian School of Nursing	65
TABLE 5(6)	Study Units Within Calendar Year Sir Charles Gairdner Hospital	68
TABLE 5(7)	Student Nurse Establishment Sir Charles Gairdner Hospital	70
TABLE 5(8)	Weekly Schedule for Hospital Based Students	87
TABLE 5(9)	Sir Charles Gairdner Hospital School of Nursing Schedule for One Week	106
TABLE 5(10)	Proposals for Transfer of General Nursing Intakes to College of Advanced Education	126
TABLE 6(1)	Post Basic Certificate Courses	130
TABLE 6(2)	WAIT Graduates: Bachelor of Applied Science (Nursing) 1979-1983	131
TABLE 6(3)	WAIT School of Nursing Degree Course Enrolments, 1976-1984	137
TABLE 6(4)	Midwifery Nursing Student Statistics 1975-1983	143
TABLE 6(5)	Midwives Registered with the Nurses Board of WA (as of 31 December)	144
TABLE 6(6)	Child Health Nursing Student Statistics 1975-1983	151
TABLE 6(7)	Child Health Nurses Registered with the Nurses Board (as of 31 December)	151
TABLE 7(1)	Mental Health Nursing Student Statistics 1975-1983	166
TABLE 7(2)	Mental Health Nurses Registered with the Nurses Board	166
TABLE 7(3)	Comparison of Theory Hours in General and Mental Health Nursing	168
TABLE 7(4)	Mental Health Nurse Education Staff: Student Ratios 1979-1983	170

TABLE 7(6) Staffing of Mental Health Service Facilities (July 1984) 172

TABLE 8(1) Enrolled Nursing Student Statistics 1975-1983 190

TABLE 8(2) Enrolled Nurses Registered with the Nurses Board of WA (as of 31 December) 190

TABLE 8(3) Closures of Schools of Enrolled Nursing 191

TABLE 8(4) Locations of Schools of Enrolled Nursing 191

TABLE 9(1) Mothercraft Nursing: Trends in Students Statistics and Registrations 218

TABLE 9(2) Mothercraft Nurses Registered with the Nurses Board of WA (as of 31 December) 219

TABLE 9(3) Comparison of Educational Entry Levels of Mothercraft Nurses Commencing in the Year Ending 31 December 1983 and 1978 221

TABLE 10(1) Dental Nursing Students Statistics 1975-1983 236

TABLE 10(2) Dental Nurses Registered with the Nurses Board of WA (as of 31 December) 236

DIAGRAM 3(1) Variables Contributing to Changes in the Supply of Nurses 30

VOLUME TWO

LIST OF APPENDICES

Appendix 1 Submissions Received 1

Appendix 2 Presentations Made to Committee 5

Appendix 3 Visits made by Committee Members to Health Related Institutions and Agencies 6

Appendix 4 Memberships of Subgroups/Attendance at Meetings of the Full Committee 7

Appendix 5 Industrial Awards for Nurses (Weekly Salaries) 8

Appendix 6 Tertiary Education Assistance Scheme Allowances:
. Rates Payable and Income Tests 10
. Major Forms of Financial Assistance to Students 11

Appendix 7 Competencies of the Registered General Nurse 12

Appendix 8 Outline of the Diploma of Applied Science (Nursing) - WA Institute of Technology 14

Appendix 9 Post Basic Clinical Certificate Courses
. Neonatal Paediatric Nursing 18
. Paediatric Nursing 19
. Neurological and Neurosurgical Nursing 20
. Orthopaedic and Spinal Injuries Nursing 21
. Operating Theatre Nursing and Management 22
. Cardiothoracic and Coronary Care Nursing 23
. Intensive Care Nursing 24
. Nursing and the Handicapped Client 25
. Restorative and Continuing Care 26

Appendix 10 Competencies of the Registered Midwife 27

Appendix 11 Hospital Based Midwifery Courses
. King Edward Memorial Hospital for Women 30
. St John of God Midwifery School of Nursing 31

Appendix 12 Competencies of the Registered Mental Health Nurse 32

Appendix 13 Standards of Mental Health Nursing Practice 34

Appendix 14 . Admissions to Mental Health Facilities 37
. Populations, Admissions, Residents and Beds Available for the Five Years Ended June 30, 1983 38

Appendix 15 Competencies of Registered Enrolled Nurses 39

Appendix 16 Proposed Technical and Further Education Program for Enrolled Nurses 42

Appendix 17 Competencies of the Registered Dental Nurse 44

Appendix 18 Dental Nurse Syllabus 45

Appendix 19 Acts Which May be Performed by Dental Therapists 48

Appendix 20 Outline of the WAIT Associate Diploma in Dental Therapy 50

BIBLIOGRAPHY 51

CONSTITUTION OF THE COMMITTEE

At the joint request of Mr B Hodge, Minister for Health, and Mr R Pearce, Minister for Education, a Committee was established in January 1984 to advise on future developments in nursing education. The Committee was to function under the auspices of the Western Australian Post Secondary Education Commission (WAPSEC). The formation of this Committee was in response to two major issues confronting the nursing profession in Western Australia at this time - the adequacy of the number of nurses being trained and the most appropriate ways for nurses to be prepared for their profession.

MEMBERSHIP OF THE COMMITTEE

The Committee was chaired by Dr W A Pullman (Chairman of WAPSEC) and the members were nominated from registered and enrolled nursing organisations, the Nurses Board of Western Australia, the Minister for Health (WA) and the Western Australian Post Secondary Education Commission. They were:

Ms B Baker ..... Nominated by the Hospital, Service and Miscellaneous Workers Union

Miss R Hitchins ..... Nominated by the Royal Australian Nursing Federation (RANF)

Dr W J Howse ..... Nominated by the WAPSEC

Mrs P Lambert ..... Nominated by the Nurses Board of WA

Miss C J MacDonald .. Nominated by the Minister for Health

Dr D Mossenson ..... Nominated by the WAPSEC

Mr R Pike ..... Nominated by the WA Psychiatric Nurses' Association

Ms R Watts ..... Nominated by the Minister for Health

Support was provided by:

Mrs P Humphris ..... Secretary to the Committee, seconded from the Department of Hospital and Allied Services/Health Department (from January 1984)

Mrs I Herry ..... Assistant to the Secretary, seconded from the then Department of Hospital and Allied Services (5 April to 21 June 1984)

Mrs J Stuart ..... Assistant to the Secretary, seconded from the WAPSEC (from 21 June 1984)

TERMS OF REFERENCE

The Committee was to act within the following terms of reference.

(1) To report on the changes in nursing education and training which have occurred in Western Australia since the Sax Committee Report was considered by the State and Commonwealth Governments;

(2) To examine the extent to which existing hospital based and college based programs are meeting, and are likely to meet, the needs for registered nurses;

(3) To propose improvements which might be made to both hospital and college based programs for registered nurses;

(4) To examine whether the proportion of registered nurses prepared through college based programs should be increased and, if so, how and when this might be achieved;

(5) To examine the improvements which might be made to the present programs for the preparation of enrolled nurses in the light of State Government assessment of the likely supply of, and demand for, enrolled nurses;

(6) To examine how access to registered and enrolled nurse education and training might be widened.

The Report covers the major branches of nursing on the register of the Nurses Board of Western Australia, as well as basic and post basic education.

The complete report of the Committee consists of two volumes. Volume One addresses the terms of reference and Volume Two contains supporting material in appendix form including a bibliography.

Chapter 2 provides an overview of the nursing profession in Australia including general information on the current situation in Western Australia. Reference is made to recent initiatives by the Commonwealth Government to transfer 'basic nurse education' from hospital schools of nursing to colleges of advanced education by 1990.

The subsequent chapters address specific issues relevant to the nursing profession with separate chapters provided for each of the major groups on the register of the Nurses Board together with discussion of post basic education for nursing.

Supply and Demand of Nursing Personnel in Western Australia

The supply or demand for nurses in Western Australia is determined by a number of variables. The Committee considered three sources for nursing personnel - local graduates, graduates from outside the State, and nurses who are currently inactive. It agreed that the supply of nurses is more amenable to alterations in government policy than are many of the variables which influence the demand for nurses in Western Australia. The demand variables include:

- costs of employing nursing personnel
- implementation of new services
- demographic changes
- changing nature of health care delivery
- changes in staff/patient ratios
- legislative changes
- industrial award conditions

The recommendations of the Committee focus upon the need to provide refresher training for currently inactive nurses, reducing the turnover rates of employed nurses, monitoring changes in Commonwealth immigration policy and providing for flexibility in the number of local graduates.

RECOMMENDATION 3(1): That the Nurses Board and the Health Department monitor closely Commonwealth immigration policies and advise the State Government should changes be sought to ensure that specialist personnel can be obtained when and if required.

RECOMMENDATION 3(2): That organisations employing nurses investigate methods of extending the length of service of their full-time employees; that the concept of permanent part-time employment be explored, together with the use of flexible rosters, child minding facilities and study release.

RECOMMENDATION 3(3): That the Health Department expand the provision of refresher/re-registration courses, both for general and for enrolled nurses, in country centres.

RECOMMENDATION 3(4): That the Health Department establish a small team of itinerant nurse educators to provide refresher/re-registration courses; that it meet the inservice needs of country based nursing personnel and ensure the availability of ancillary facilities such as libraries.

RECOMMENDATION 3(5): That the Health Department consider a system of scholarships or low interest loans to students in college programs in return for service in country regions.

Access to the Nursing Profession

The Committee agreed that an apparent increase in demand for registered nursing personnel in most categories (general, enrolled and mental health) represented an excellent opportunity for providing young people in Western Australia with professional qualifications. In particular, four groups were considered - the financially disadvantaged, ethnic and indigenous peoples, the mature aged and country residents.

The Committee supported the desirability of reviewing forms of financial support for all students including the Tertiary Education Assistance Scheme and loans or scholarships for needy students. The Committee also wished to encourage the entry of members of ethnic and indigenous groups in order to cater for the special needs of patients from these groups and to make nursing a profession which reflects the racial and ethnic profile of the community. Recommendations include measures to encourage such entry and to provide appropriate support systems.

The Committee also recognises the desirability of providing access for the mature aged and country residents and advocates support systems for such students.

RECOMMENDATION 4(1): That the Health Department, in consultation with the Technical Education Division of the Education Department, ensure that foreign trained nurses requiring English language instruction have access to an appropriate course conducted by the Technical Education Division, at no cost to students.

RECOMMENDATION 4(2): That the Health Department be asked to re-instate the orientation program for non-English speaking foreign trained nurses at Swan Districts Hospital.

RECOMMENDATION 4(3): That those schools of nursing and academic institutions providing nursing programs endeavour to spend more time in the behavioural science component of the curriculum on the study of Aboriginal and ethnic groups and their cultures.

RECOMMENDATION 4(4): That employers encourage practising nurses to undertake language and culture courses to enhance their rapport with Aboriginal and ethnic patients.

RECOMMENDATION 4(5): That the Education Department be asked to review its general provision for Aboriginal students to enable them to meet the Year 11 requirements for entry to enrolled nursing or the Year 12 requirement for entry to general, mental health or dental nursing.

RECOMMENDATION 4(6): That institutions providing bridging courses for Aboriginal students provide these programs on a cyclical basis in regional centres and seek funding from the Department of Education and Youth Affairs and the Department of Aboriginal Affairs.

RECOMMENDATION 4(7): That the WA Institute of Technology expand its bridging program to include options in the biological sciences to assist Aboriginal students to qualify for a transfer to nursing education.

RECOMMENDATION 4(8): That institutions offering bridging courses for entry to nursing be encouraged to establish an enclave support system.

RECOMMENDATION 4(9): That schools of nursing and academic institutions offering nursing programs with a bridging element for Aboriginal students be encouraged to establish an enclave support system.

RECOMMENDATION 4(10): (a) That the WA School of Nursing continue provision of a special intake of Aboriginal students on an annual basis, dependent on demand; and that the Department of Aboriginal Affairs continues to support the WA School of Nursing special program.

(b) That WA School of Nursing publicise the availability of the special program to ensure its continuance.

RECOMMENDATION 4(11): That those who provide advice and information about nursing careers stress the availability of opportunities in the nursing profession for ethnic groups in the community.

RECOMMENDATION 4(12): (a) That the Health Department, because of the desirability of maintaining high intake levels of mature age entrants into college nursing programs, introduce a scholarship system for deserving applicants.

(b) That schools of nursing and academic institutions offering nursing programs provide to students support facilities such as child care.

The Registered General Nurse

General nurses comprise the majority of nursing registrations in Western Australia. This qualification is also the foundation for a variety of post basic options. The Committee, therefore, focused much of its discussion on the most appropriate means of educating these nurses.

The Committee examined the advantages and disadvantages of hospital and college training and concluded that major improvements were desirable in light of the changing role of nurses within a changing mode of health care delivery. The most effective improvement was accepted to be a transfer of general nurse education from hospital schools where students are part of the rostered labour force to higher education institutions where their clinical experience is gained on a supernumerary basis which allows a close integration of theory and practice.

The Committee's recommendations in regard to general nursing focus on measures to ensure an orderly transfer to colleges which will reduce the need for major capital expenditure in the short term and minimise disruptive effects on hospital staffing requirements. In order to cope with the large numbers of nursing students involved in the transfer, a second School of Nursing, within the WA College of Advanced Education, is proposed. It is planned that the last intake of hospital students will occur in 1990 in line with the Commonwealth initiatives in this area which were announced as the Committee was in the final stages of its work.

Other recommendations include:

- measures to ensure flexibility in the size of intakes, thus accommodating the needs of the health care system;

- establishment of a coordinating body to ensure a rationalisation of clinical experience for all nursing students within health agencies and hospitals;

- possible changes to general nursing programs within hospital schools of nursing to provide hosital students with improved instruction during the period of transfer when a dual system of training will be in effect;

- alterations to college programs to ensure a rational use of staff and facilities and a two semester output of graduates; and

. establishment by the Health Department of a working party to ensure that the transfer from hospital to college programs takes place in an orderly fashion minimising difficulties for students, staff and the institutions involved in the transfer.

RECOMMENDATION 5(1): That the Nurses Board and the WA Institute of Technology complete their review of entry requirements to basic nursing programs as a matter of urgency and make their decisions widely known in the community as soon as possible.

RECOMMENDATION 5(2): That hospital schools of nursing arrange the duties of clinical instructors so as to provide supervision and teaching of student nurses on all shifts and as necessary appoint additional instructors to enable this to be achieved.

RECOMMENDATION 5(3): That the WA School of Nursing and hospitals with a school of nursing, examine the possibility of increasing the time under the control of the School currently made available within the student nursing program.

RECOMMENDATION 5(4): That the WA School of Nursing and hospitals with a school of nursing examine the possibility of revising, developing and evaluating curricula on a full-time basis; this work to be undertaken either by releasing from teaching duties those with appropriate specialist skills or by appointing consultants on a short term basis.

RECOMMENDATION 5(5): That the WA School of Nursing and hospitals with a school of nursing consider increasing the study support they currently provide for nurse educators to further upgrade their educational or clinical qualifications.

RECOMMENDATION 5(6): That the WA School of Nursing and hospitals with a school of nursing make increased provision for nurse educators to maintain and improve their clinical knowledge and expertise.

RECOMMENDATION 5(7): That the WA School of Nursing and hospitals with a school of nursing consider the appointment of technical and other support staff to assist the preparation of audio visual, clinical simulations and other teaching materials.

RECOMMENDATION 5(8): That the WA School of Nursing and hospitals with a school of nursing consider the use of counsellors who can advise students who may need special help with regard to their studies and to assist them to cope with stress.

RECOMMENDATION 5(9): That the Health Department and boards of management of hospitals with schools of nursing have explicitly identifiable annual financial budgets for schools of nursing for capital and recurrent purposes.

RECOMMENDATION 5(10): That the WA School of Nursing and hospital schools of nursing examine the feasibility of using the joint applications process provided to higher education institutions through the TISC to streamline entry to schools of nursing.

RECOMMENDATION 5(11): That higher education institutions capitalise on their multidisciplinary nature with combined activities relating to health care concepts being conducted both on campus and in clinical placements with students from other disciplines.

RECOMMENDATION 5(12): That future programs in nursing maintain an even balance between clinical experience and academic content.

RECOMMENDATION 5(13): That in any higher education institution providing nursing programs, these programs be conducted in a department/school/faculty under the direction of an individual with suitable academic and nursing qualifications, supported by a strong advisory committee with representation from the nursing, health and education sectors.

RECOMMENDATION 5(14): That in any higher education institution providing nursing programs, emphasis must be placed on the essential liaison between the nursing education and service sectors through the advisory committee, clinical and professional involvement of faculty and joint appointments of staff by higher education institutions and teaching hospitals.

RECOMMENDATION 5(15): That in any higher education institution providing nursing programs, adequate provision be made for prospective student counselling and information on course structure, course requirements, and the role of a nurse.

RECOMMENDATION 5(16): That the Nurses Board establish a committee to coordinate and rationalise the allocation of clinical placements in health agencies amongst the higher education institutions. Members of this committee should include representatives of the Health Department, major teaching hospitals, community health agencies and the relevant tertiary education institutions.

RECOMMENDATION 5(17): That any higher education institution providing nursing programs do so on the basis of two intakes a year on a semester system.

RECOMMENDATION 5(18): That higher education institutions providing nursing programs ensure that teaching staff who are registered nurses are involved in both classroom and clinical teaching in order to enhance correlation of theory and practice, and maintain clinical skills; and that clinical supervision not be downgraded in the calculation of teaching loads.

RECOMMENDATION 5(19): That higher education institutions providing nursing programs adopt promotional procedures for nursing faculty which give due regard to classroom and clinical teaching skills, clinical practice and involvement in professional activities.

RECOMMENDATION 5(20): That higher education institutions providing nursing programs ensure that provision is made within staff members' work load for opportunities to maintain and further develop clinical skills in their area of specialisation.

RECOMMENDATION 5(21): That higher education institutions providing nursing programs investigate the wider utilisation of "joint appointment" with hospitals and health agencies of teaching and clinical staff. (Refer to Recommendation 5(14)).

RECOMMENDATION 5(22): That WAIT review, prior to the 1985 academic year, the status of the present contract teaching staff of the School of Nursing to

ensure that such staff are not disadvantaged in the expansion of the size of the School as recommended later in this Report.

RECOMMENDATION 5(23): That WAIT review the application of the Institute wide ratio of contract teaching staff to tenured staff to its School of Nursing with a view to achieving that ratio as rapidly as possible.

RECOMMENDATION 5(24): That new higher education institutions introducing a nursing program, ensure that there is a significant proportion of teaching staff with tenure.

RECOMMENDATION 5(25): That the Western Australian Post Secondary Education Commission examine the issue of degree status for undergraduate nursing courses when the review of diploma and degree course awards is completed by the Advanced Education Council.

RECOMMENDATION 5(26): That the Western Australian Government confirm the policy as expressed to the 1984 Commonwealth Inter-Departmental Committee on Nursing Education (and which is consistent with recently announced Commonwealth Government policy) of the phased transfer of basic general nursing education from hospital based programs to higher education based programs.

RECOMMENDATION 5(27): That each university give consideration during the 1985-87 Triennium to the possibility of providing opportunities for postgraduate study and research in nursing.

RECOMMENDATION 5(28): That during the 1988-90 Triennium, the WA Post Secondary Education Commission consider the entry of Murdoch University and/or the

University of WA into an undergraduate nursing program as an alternative to further expansion of programs in colleges of advanced education.

RECOMMENDATION 5(29): That the WA Institute of Technology be asked to increase the size of its School of Nursing in the 1985-87 Triennium, that the annual intake into this School of Nursing by the end of the 1988-90 Triennium be of the order of 240 students over the two semesters and that the Institute's student load be increased accordingly.

RECOMMENDATION 5(30): That the WA College of Advanced Education open a School of Nursing in the 1985-87 Triennium; that the WA Post Secondary Education Commission seek the appropriate approval of this by the Commonwealth Tertiary Education Commission; that the annual intake by the end of the 1988-90 Triennium into this School of Nursing be of the order of 240 students over the two semesters; and, that the WA College student load be increased accordingly.

RECOMMENDATION 5(31): That the WA College of Advanced Education, in its development of a School of Nursing, give consideration to the possible provision of the initial part of a basic nurse education program at the Bunbury Institute of Advanced Education.

RECOMMENDATION 5(32): That the State Government and relevant Hospital Boards of Management make available, on a leasehold basis, to the WA Institute of Technology and the WA College of Advanced Education as appropriate, the teaching facilities, and offices currently occupied by hospital schools of nursing as nursing programs in such schools are closed and college programs expanded.

RECOMMENDATION 5(33): (a) That the Health Department establish a working party comprising nominees of the Department, the Nurses Board, the Royal Australian Nursing Federation and of the WA Post Secondary Education Commission to ensure that the transfer of general nursing education from hospitals to college of advanced education takes place in an orderly fashion with a view to minimising difficulties for students, staff and the institutions involved in this transfer.

(b) That the Health Department and the WA Post Secondary Education Commission ensure that appropriate consultation takes place between employer and employee organisations involved in the transfer.

RECOMMENDATION 5(34): That the Princess Margaret Hospital School of Nursing cease further intakes into its general nursing program after its first intake for 1985 and that the WA Institute of Technology expand its intakes by no more than 60 in 1985 and by a number yet to be determined in 1986, with a corresponding phasing down of the Princess Margaret Hospital School of Nursing and expansion of the WAIT program in 1986 and 1987.

RECOMMENDATION 5(35): That the Princess Margaret Hospital progressively, over the period 1985-87, make available to WA Institute of technology the teaching facilities, and offices currently occupied by the School of Nursing and that its clinical experience be made available to students from WAIT and such other schools of nursing that need access to them subject to Recommendation 5(16).

RECOMMENDATION 5(36): That the Princess Margaret Hospital and the WA Institute of Technology ensure that Nurse Educators and Clinical Instructors employed in the Princess Margaret Hospital School of Nursing have continuity of employment either in the Hospital or at the Institute.

RECOMMENDATION 5(37): That the WA College of Advanced Education open a program in basic nursing education in 1986 with an initial intake of no less than 30 students per semester and with increased intake not exceeding 65 per semester in 1987.

RECOMMENDATION 5(38): That the Sir Charles Gairdner Hospital School of Nursing reduce its intake into its general nursing program to 60 in 1986, or such other figure as may be advised by the Health Department, with corresponding phasing down of the School over the period 1987 onwards.

RECOMMENDATION 5(39): That the Sir Charles Gairdner Hospital progressively over the period 1986 onwards make available to the WA College the teaching facilities and offices currently occupied by the School of Nursing and that its clinical experience be made available to students from the WA College and such other schools of nursing that need access to them subject to Recommendation 5(16).

RECOMMENDATION 5(40): That the Sir Charles Gairdner Hospital and the WA College of Advanced Education ensure that Nurse Educators and Clinical Instructors employed in the Sir Charles Gairdner Hospital School of Nursing have continuity of employment either with the Hospital or the College.

RECOMMENDATION 5(41): That the Fremantle Hospital School of Nursing cease new intakes into its general nursing program in 1988 and that the WA Institute of Technology increase its annual intake in 1988, with a corresponding phasing down of the School and expansion of the WAIT program in 1989 and 1990.

RECOMMENDATION 5(42): That the Fremantle Hospital, progressively over the period 1988 onwards, make available to the WA Institute of Technology the teaching facilities and offices currently occupied by the School of Nursing and that its clinical experience be made available to students from WAIT and such other schools of nursing that need access to them subject to Recommendation 5(16).

RECOMMENDATION 5(43): That the Fremantle Hospital and the WA Institute of Technology ensure that Nurse Educators and Clinical Instructors employed in the Fremantle Hospital School of Nursing have continuity of employment either in the Hospital or at the Institute.

RECOMMENDATION 5(44): That the WA School of Nursing reduce annual intakes into its general nursing program over the period 1988-90 to nil in 1991, with a corresponding phasing down of the general nursing component of the School and an expansion of the WA College of Advanced Education program and that of WA Institute of Technology over the same period.

RECOMMENDATION 5(45): That the WA School of Nursing progressively over the period 1989 onwards make available those resources relevant to general nursing

training to the WA College of Advanced Education and/or to the WA Institute of Technology as are necessary.

RECOMMENDATION 5(46): That the Department of Health in association with WAIT and the WA College ensure that nurse educators, clinical instructors and support staff, employed in the WA School of Nursing have continuity of employment with the WA College and/or WAIT, the WA School of Nursing or with hospitals associated with the School of Nursing.

Education Opportunities for Registered General Nurses

Further education opportunities for general nurses, the largest group of nurses on the register of the Nurses Board, can be categorised into five areas:

- registration in a second category;
- post basic certificate courses (endorsed by the Nurses Board);
- post basic courses in higher education;
- continuing and inservice education; and
- refresher/re-registration courses.

The Committee was informed that there is generally high demand for places in all further education options and that graduates from these courses are required in the State's health system.

The Committee was particularly concerned that sufficient nurses should be educated in those specialty areas which meet the needs of a changing health care system and its greater emphasis on community based services. The Chapter addresses, in particular, changes seen desirable in regard to:

- midwifery
- child health
- school health
- occupational health
- family planning

Recommendations are focused on the rationalising of opportunities within hospitals and higher education and ensuring the adequate provision of nurses with the specialist background appropriate for work in community based programs.

RECOMMENDATION 6(1): That all government departments and agencies which employ nursing personnel review inservice education opportunities; and that such departments and agencies have an identifiable education budget for these needs.

RECOMMENDATION 6(2): That the Health Department review the provision in metropolitan and rural areas for refresher/reregistration courses for general nurses; that such courses be offered without tuition fee.

RECOMMENDATION 6(3): That the Health Department and the WA Institute of Technology review intake sizes for clinical specialty courses with a view to increasing the number of places available.

RECOMMENDATION 6(4): That the WA School of Nursing and hospital schools of nursing continue post basic courses in clinical specialties until a sufficient number of post graduates are available from higher education institutions to meet service needs.

RECOMMENDATION 6(5): That the WA Institute of Technology continue the current bachelor's degree which provides bridging opportunities for hospital trained nurses; that the WA College of Advanced Education develop a second program concurrent

with the introduction of a pre-registration diploma program in 1986; and that the options offered at the WA College of Advanced Education be coordinated with those at the WA Institute of Technology.

RECOMMENDATION 6(6): That the WA Institute of Technology increase student places from 30 EFTS to 60 EFTS within the current bachelor's degree to meet bridging needs.

RECOMMENDATION 6(7): That the WA Institute of Technology expand its contracting of units in the bachelor's degree now available at Hedland College to include Kalgoorlie College and, subsequently, institutions in Albany and Bunbury.

RECOMMENDATION 6(8): That any higher education institutions designated to offer a pre-registration program provide opportunities for nurses to undertake post graduate study in advanced clinical nursing specialties, rationalising such options between the institutions and avoiding unnecessary duplication.

RECOMMENDATION 6(9): That the WAIT Division of Health Sciences provide sufficient student places in the advanced clinical specialist areas to meet demand.

RECOMMENDATION 6(10): That higher education institutions providing post graduate nursing education develop opportunities for research at masters and, in conjunction with universities, at doctoral level.

RECOMMENDATION 6(11): That, in the interest of improving midwifery education and increasing the numbers of practising midwives in Western Australia, the

WA Institute of Technology allow the the Graduate Diploma in Midwifery to grow to 25 students in the next five years.

RECOMMENDATION 6(12): That, given rapid developments in all aspects of midwifery nursing, the Nurses Board consider refresher training be made mandatory every five years for all practising midwives.

RECOMMENDATION 6(13): That the Nurses Board review the syllabus of the child health course to ensure that it is sufficiently broadly based to cater for the requirements of general community nursing.

RECOMMENDATION 6(14): That the WA Institute of Technology allow the child health option in the primary health care stream of the bachelor degree course to grow and, hence, to allow the phasing out of the Ngal-a course.

RECOMMENDATION 6(15): That preference be given to qualified applicants from rural and remote areas for entrance into child health/community health courses.

RECOMMENDATION 6(16): That WA Institute of Technology consider offering the option in occupational health within the primary health care stream on a regional basis at Hedland College initially, followed at other centres as appropriate.

RECOMMENDATION 6(17): That the Health Department provide a number of scholarships in 1985 for registered nurses to undertake the accredited Family Planning Association Nurse Practitioner program.

The Registered Mental Health Nurse

The Committee has reviewed the issues relating to the education of mental health nurses in Western Australia and concluded that it is necessary to increase the total number of students in the appropriate male:female ratio in order to cope with new initiatives in mental health care and to improve the staffing levels which have declined in recent years. The mental health nursing profession is well aware that the transfer of general nursing from hospital to college programs has implications for the training of its members. The major recommendations of the Committee focus upon the establishment of a pilot program in a college which, if successful, will provide the basis for a complete transfer from hospital training within the next decade.

RECOMMENDATION 7(1): That the Nurses Board complete its review of entry requirements to basic nursing programs as a matter of urgency and make its decisions widely known in the community as soon as possible.

RECOMMENDATION 7(2): That the present hospital based basic mental health nursing program conducted by the Western Australian School of Nursing be continued with appropriate staff, financial and physical resources.

RECOMMENDATION 7(3): That the Health Department consider an increase in the number of student places in the mental health nursing course conducted by the Western Australian School of Nursing.

RECOMMENDATION 7(4): That the WA School of Nursing employ sufficient nurse educators and clinical instructors in mental health nursing to meet the ratios prescribed by the Nurses Board.

RECOMMENDATION 7(5): That the WA School of Nursing arrange the duties of mental health clinical nursing instructors so as to provide supervision and teaching of student nurses on all shifts.

RECOMMENDATION 7(6): That the WA School of Nursing examine the possibility of increasing the time under the control of the School currently made available within the mental health student nursing program.

RECOMMENDATION 7(7): That the WA School of Nursing examine the possibility of revising, developing and evaluating curricula within the mental health nursing program on a full-time basis; this work to be undertaken either by releasing from teaching duties those with appropriate specialist skills or by appointing consultants on a short term basis.

RECOMMENDATION 7(8): That the WA School of Nursing consider increasing the study support they currently provide for mental health nurse educators to further upgrade their educational or clinical qualifications.

RECOMMENDATION 7(9): That the WA School of Nursing make increased provision for mental health nurse educators to maintain and improve their clinical knowledge and expertise.

RECOMMENDATION 7(10): That the WA School of Nursing consider the appointment of technical and other support staff to assist the preparation of audio visual, clinical simulations and other teaching materials for mental health nursing.

RECOMMENDATION 7(11): That the WA School of Nursing consider the use of counsellors who can advise mental health nursing students who may need special help with regard to their studies and to assist them to cope with stress.

RECOMMENDATION 7(12): That the WA School of Nursing examine the feasibility of using the joint applications process provided to higher education institutions through the Tertiary Institutions Service Centre to streamline entry to schools of nursing.

RECOMMENDATION 7(13): That the WA Post Secondary Education Commission initiate discussions on the feasibility of a three year basic mental health nursing course leading to a diploma and mental health registration or a four year integrated program leading to a degree and dual registration at a higher education institution in 1986; that such a program be implemented on a pilot basis, with an initial intake of 40 students.

RECOMMENDATION 7(14): That the Health Department establish a team comprising nominees from the Department, the Nurses Board, and the WA Post Secondary Education Commission to evaluate the pilot program during the years 1986-87 and during the 1988-90 triennium on criteria including the following:

(a) quality of the program;

(b) length and structure of the course;

(c) ability of graduates to function effectively in the clinical setting; and

(d) number of mature age and male students who undertake the course in contrast to the number of mature age and male students in the hospital based program.

RECOMMENDATION 7(15): (a) That, given a positive evaluation of the pilot program for mental health nurses in higher education, the Health Department establish a working party comprising nominees of the Department, the Nurses Board, the Psychiatric Nurses Association and the WA Post Secondary Education Commission to ensure that the transfer of mental health nursing education takes place in an orderly fashion with a view to minimising difficulties for students, staff and the institutions involved in this transfer.

(b) That the Health Department and the WA Post Secondary Education Commission ensure that appropriate consultation takes place between employer and employee organisations involved in the transfer.

RECOMMENDATION 7(16): That post basic endorsed certificate courses for registered mental health nurses in specialist mental health nursing be established by the Western Australian School of Nursing by 1987.

RECOMMENDATION 7(17): (a) That the mental health nursing option (Advanced Clinical Stream) in the bachelor degree course at the WA Institute of Technology, School of Nursing, be introduced in 1985, provisional on the

enrolment of at least six full-time students (that number required by WAIT to make the course viable).

(b) That the Health Department provide scholarships/secondments for qualified applicants to this course in order to assist the upgrading of the mental health profession.

RECOMMENDATION 7(18): That the WA School of Nursing conduct a specifically designed refresher/ re-registration course for mental health nurses according to demand, the course to include adequate supervised clinical experience; that students undertaking refresher/re-registration training not be charged a tuition fee.

The Registered Enrolled Nurse

The Committee has reviewed the issues relating to the supply of registered enrolled nurses in Western Australia and how these nurses are best educated. It concluded that the Health Department must review manpower needs in order to ensure that sufficient graduates are produced. The Committee also discussed the desirability of transferring the education of enrolled nurses to post secondary education and proposes the establishment of a pilot program in the TAFE sector, to be evaluated with a view to complete transfer at some later stage, if successful.

RECOMMENDATION 8(1): That the Nurses Board complete its review of entry requirements to basic nursing programs as a matter of urgency and make its decisions widely known in the community as soon as possible.

RECOMMENDATION 8(2): That the Health Department review the demand for enrolled nurse graduates with a view to increasing intakes, if necessary.

RECOMMENDATION 8(3): That the Nurses Board establish a committee to coordinate and rationalise the allocation of clinical placements in health agencies amongst the post secondary education institutions. Members of this committee should include representatives of the Health Department, major teaching hospitals, community health agencies and the relevant tertiary education institutions.

RECOMMENDATION 8(4): That to enhance clinical experience and avoid unnecessary costs, country training be rationalised into three main areas - Port Hedland, Bunbury and Kalgoorlie; that the possibility of retaining the Derby school primarily for the training of Aboriginal enrolled nurses be considered at a later stage, if recommendations to encourage retention of Aboriginal students in Year 11 are successful (see Recommendations 4(6) and 8(6)).

RECOMMENDATION 8(5): That the Health Department ensure that hospitals operating enrolled nurse schools have identifiable budgets for the education costs associated with these schools.

RECOMMENDATION 8(6): That the Education Department be asked to review its general provision for Aboriginal students to enable them to meet Year 11 requirements for entry to enrolled nursing.

RECOMMENDATION 8(7): That institutions providing bridging courses for Aboriginal students provide these programs on a cyclical basis in regional centres and

seek funding from the Department of Education and Youth Affairs and the Department of Aboriginal Affairs.

RECOMMENDATION 8(8): That the Health Department establish a nursing advisory committee comprising nominees of the Department, the Nurses Board, the Hospital, Service and Miscellaneous Workers Union, and the WA Post Secondary Education Commission, to plan a pilot program of 60 students in addition to hospital based enrolled nurse intakes; that the course be planned in 1985, to commence in 1986, and be conducted by a technical and further education provider in the metropolitan area.

RECOMMENDATION 8(9): That the Health Department establish a team comprising nominees from the Department, the Nurses Board and the WA Post Secondary Education Commission to evaluate the pilot program by the beginning of the 1988-90 triennium on criteria including the following:

(a) quality of program;

(b) length and structure of course;

(c) student demand for places in contrast to demand for hospital program;

(d) comparison of TAFE based and hospital based graduates in the clinical setting; and

(e) possibility of transfer of credit for enrolled nursing qualification to general nursing program.

That, as part of the evaluation, consideration be given to the possibility of providing an associate diploma program for enrolled nurses in the advanced education sector.

RECOMMENDATION 8(10): (a) That, given a positive evaluation of the pilot program for enrolled nurses in post secondary education, the Health Department establish a working party comprising nominees of the Department, the Nurses Board, and the Hospital, Service and Miscellaneous Workers Union and the WA Post Secondary Education Commission to ensure that the transfer of enrolled nursing education takes place in an orderly fashion with a view to minimising difficulties for students, staff and the institutions involved in this transfer.

(b) That the Health Department and the WA Post Secondary Education Commission ensure that appropriate consultation takes place between employer and employee organisations involved in the transfer.

RECOMMENDATION 8(11): That the WA Post Secondary Education Commission ensure that the level of award offered by the technical and further education institutions offering enrolled nursing courses is consistent throughout the State.

RECOMMENDATION 8(12): That, pending the results of the evaluation, the Health Department undertake a review of all activities associated with enrolled nurse training with a view to coordinating any changes with those in general nurse education.

RECOMMENDATION 8(13): That, following evaluation of the pilot program, the Health Department rationalise existing hospital programs for enrolled nurses in accordance with identified manpower needs.

RECOMMENDATION 8(14): That the Health Department make available post basic courses for enrolled nurses in areas of identified need; for example, extended care, paediatrics and mental health; that these areas should be determined by the Health Department in consultation with the Nurses Board and nursing organisations.

RECOMMENDATION 8(15): That all government departments and agencies which employ nursing personnel review inservice education opportunities; and that such departments and agencies have an identifiable education budget for these needs.

RECOMMENDATION 8(16): That the Health Department provide bridging courses to enable enrolled nurses, both general and mental health, to gain dual qualifications; that every effort should be made to grant students credit towards the higher qualification on the basis of their clinical experience and previous qualification.

RECOMMENDATION 8(17): That the Health Department assess the need for refresher/re-registration courses for enrolled nurses and conduct such courses without tuition fees.

RECOMMENDATION 8(18): That the enrolled mental health basic program not be re-introduced; that mental health nursing be developed as a post basic specialty for enrolled nurses.

RECOMMENDATION 8(19): That, given a likely increased demand for the services of enrolled nurses in the private sector, increased places should be provided in the enrolled nurse program for eligible Nursing Assistants.

The Registered Mothercraft Nurse

The Committee focused its deliberations in connection with mothercraft nurses on the desirability of implementing a plan for the amalgamation of the Mothercraft Nursing program located at Ngal-a Home and Training Centre (South Perth) with the Child Care Certificate course offered by the Technical Education Division. It sees educational advantages for both programs in such an amalgamation and acknowledges the enhanced employment opportunities for graduates with a dual qualification. In the interim it proposes improvements to both courses.

RECOMMENDATION 9(1): That the Nurses Board complete its review of entry requirements to basic nursing programs as a matter of urgency and make its decisions widely known in the community as soon as possible.

RECOMMENDATION 9(2): That the State Government reconsider the amalgamation of the mothercraft nursing program with the TAFE Child Care Certificate course.

RECOMMENDATION 9(3): That, should amalgamation be achieved, the Health Department provide replacement staffing levels to Ngal-a so that its community services can be maintained.

RECOMMENDATION 9(4): That, should amalgamation be achieved, the Ngal-a Committee of Management make available supernumerary experience for students undertaking TAFE based child care courses.

RECOMMENDATION 9(5): That the Ngal-a Committee of Management consider an extension of the study periods in the mothercraft program in order to reduce student stress.

RECOMMENDATION 9(6): That the Ngal-a Committee of Management review the rule that the Ngal-a students be resident.

RECOMMENDATION 9(7): That the Ngal-a Committee of Management review current provisions for annual leave for students to allow for at least two short breaks during the course.

RECOMMENDATION 9(8): That the Technical Education Division of the Education Department provide Ngal-a students with access to the Library and Resource Centre of the Community Care Studies Centre.

RECOMMENDATION 9(9): That the practical experience in both the mothercraft and Child Care Certificate programs be made more similar; in particular the extension of care giving over afternoon and evening periods and private home caring, as neither is presently available to Child Care Certificate students.

RECOMMENDATION 9(10): That the Ngal-a Committee of Management offer to students enrolled in the Child Care Certificate course (TAFE) supernumerary experience at Ngal-a.

RECOMMENDATION 9(11): That the Ngal-a Committee of Management and the Technical Education Division provide opportunities for bridging studies to allow

graduates from both courses to gain the dual qualification - the TAFE Certificate in Child Care and registration as a mothercraft nurse with the Nurses Board.

The Registered Dental Nurse

The Committee recognised that changes in the nature of dentistry are having important effects on the roles and duties of the various groups which assist dentists in their work. The major recommendation of the Committee focuses on the need to review the demand for these groups and to evaluate the appropriateness of their current training.

RECOMMENDATION 10(1): That the Western Australian Post Secondary Education Commission consult with the Health Department, nominees of the School of Dental Nursing and the Western Australian Institute of Technology to ascertain the practicability of common or shared dental nurse/dental therapy programs and their implementations.

RECOMMENDATION 10(2): That the Dental Board of WA review the nomenclature of the various groups of persons involved in the dental health process with the goal of simplifying and rationalising it.

CONCLUSION

The Committee sees this Report as a blueprint for the future of nursing education in Western Australia. It anticipates that, not only will the recommendations regarding the transfer of general nurse education to the advanced education sector be important to the State Health Department in its current negotiations with the Commonwealth, but that its views on the future of all branches of the nursing profession will place this State in a leadership role with regard to the education of nurses in all of Australia.

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CHAPTER 1 - INTRODUCTION

CONSTITUTION OF THE COMMITTEE

1.1. At the joint request of Mr B Hodge, Minister for Health, and Mr R Pearce, Minister for Education, a Committee was established in January 1984 to advise on future developments in nursing education. The Committee was to function under the auspices of the Western Australian Post Secondary Education Commission (WAPSEC). The formation of this Committee was in response to two major issues confronting the nursing profession in Western Australia at this time - the adequacy of the number of nurses being trained and the most appropriate ways for nurses to be prepared for their profession.

MEMBERSHIP OF THE COMMITTEE

1.2. The Committee was chaired by Dr W A Pullman (Chairman of WAPSEC) and the members were nominated from registered and enrolled nursing organisations, the Nurses Board of Western Australia, the Minister for Health (WA) and the Western Australian Post Secondary Education Commission. They were:

Ms B Baker ..... Nominated by the Hospital, Service and Miscellaneous Workers Union

Miss R Hitchins ..... Nominated by the Royal Australian Nursing Federation (RANF)

Dr W J Howse ..... Nominated by the WAPSEC

Mrs P Lambert ..... Nominated by the Nurses Board of WA

Miss C J MacDonald .. Nominated by the Minister for Health

Dr D Mossenson ..... Nominated by the WAPSEC

Mr R Pike ..... Nominated by the WA Psychiatric Nurses' Association

Ms R Watts ..... Nominated by the Minister for Health

Support was provided by:

Mrs P Humphris ..... Secretary to the Committee, seconded from the Department of Hospital and Allied Services/Health Department (from January 1984)

Mrs I Herry ..... Assistant to the Secretary, seconded from the then Department of Hospital and Allied Services (5 April to 21 June 1984)

Mrs J Stuart ..... Assistant to the Secretary, seconded from the WAPSEC (from 21 June 1984)

TERMS OF REFERENCE

1.3. The Committee was to act within the following terms of reference.

(1) To report on the changes in nursing education and training which have occurred in Western Australia since the Sax Committee Report was considered by the State and Commonwealth Governments;

(2) To examine the extent to which existing hospital based and college based programs are meeting, and are likely to meet, the needs for registered nurses;

(3) To propose improvements which might be made to both hospital and college based programs for registered nurses;

(4) To examine whether the proportion of registered nurses prepared through college based programs should be increased and, if so, how and when this might be achieved;

(5) To examine the improvements which might be made to the present programs for the preparation of enrolled nurses in the light of State Government assessment of the likely supply of, and demand for, enrolled nurses;

(6) To examine how access to registered and enrolled nurse education and training might be widened.

METHODOLOGY

1.4. At the first meeting of the Committee, on 11 January, 1984, in the WAPSEC office in Stirling Highway, the terms of reference were reviewed and procedures outlined that would enable the Committee to conduct the inquiry.

1.5. It was confirmed that the inquiry would cover the major branches of nursing and include basic, post-basic and refresher courses for registered nurses, and that data on the present population, location and nature of nurse training would assist the Committee in its review.

1.6. It was decided that investigations would be carried out in the following way:

- by requesting the Ministers to issue a joint media release on the inquiry;

- by calling for submissions from interested individuals through public advertisement;

- by writing to specific interest groups inviting them to provide a written submission. (A list of 95 organisations and individuals who made written submissions is provided in Appendix 1. Some groups were contacted on a second occasion to make a submission - these are also noted in Appendix 1);

- by inviting representatives of nursing, education and health service organisations for discussions with the Committee. A list of those who accepted the invitations appears in Appendix 2;

- by conducting a series of visits to hospitals, schools of nursing, and education establishments and meeting with representatives of community health agencies involved in nurse training see Appendix 3; and

- by conducting a literature search of recent relevant nursing reports.

1.7. The terms of reference were addressed by the Committee within a framework which reviewed the role of the nurse in the hospital and community against a background of social change and progress in areas of technology, medicine and health maintenance, and which took account of the proposed new integrated Health Department in Western Australia.

1.8. Analysis of the data relating to the various categories of nurse training was devolved upon subgroups of the Committee, each subgroup investigating either general nurse training, mental health nurse training, enrolled nurse training or the specialised areas of dental, mothercraft and community health nursing.

1.9. The full Committee met on 27 occasions, supplemented by numerous meetings of the subgroups. Attendance at formal meetings of the full Committee and membership of the subgroups is listed in Appendix 4.

1.10. The Committee's deliberations were overtaken by events in general nursing after the Commonwealth Government announced, on 24 August 1984, its intention of a total transfer to the advanced education sector (see paragraph 2.58). However, members decided to complete their report in the way in which it had been developed during the course of the inquiry.

1.11. The complete report of the Committee, including a discussion on transfer, consists of two volumes. Volume One addresses the terms of reference as stated (paragraph 1.3) and Volume Two contains supporting material in appendix form. The Report should, in addition to its purpose in meeting the terms of the inquiry, provide a useful source document for the nursing profession and others interested in the present and projected activities of the profession.

CHAPTER 2 - OVERVIEW OF ISSUES

CHANGING DIMENSIONS OF NURSING

The Role of the Nurse

2.1. Nursing is a health care service. The Royal Australian Nursing Federation* states

> ... the primary responsibility of the nursing profession is to provide direct health care and education for people in relation to the prevention of illness, the promotion, restoration and maintenance of optimal health, and the achievement of a dignified death. Nursing is practiced in all settings in society where people are experiencing varying degrees of health, ill-health and dying.(1)

2.2. Nursing shares these responsibilities with many other health professionals but the National Health and Medical Research Council (NHMRC)** cites Virginia Henderson's definition of the unique function of the nurse

> ... to assist the individual sick or well, or in the performance of those activities contributing to health on its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.(2)

2.3. Nursing is practised in a variety of environments ranging from highly sophisticated and complex hospitals to remote nursing posts in country towns where treatment of illness or accident may be the prime responsibility or to the community where the emphasis may be on education and maintenance of health. In addition, the nurse is now confronted by a broader spectrum of health care services and associated with a wider and more sophisticated range of techniques.

* The Royal Australian Nursing Federation is the major professional and industrial association of registered general nurses in Australia with branches in all States.

** The National Health and Medical Research Council is a Commonwealth Government Authority which coordinates research funding in the health and medical field.

2.4. Because the nature of health care has altered over the years, there is concern, particularly in the nursing profession, that the apprenticeship method of training the nation's nurses, a system which has served society well, is no longer adequate given current and future demands on health professionals.

Nurse Education: Some General Concerns

2.5. The majority of nurses have been traditionally trained in hospitals. In this "learning-on-the-job" model, students are paid workers given periodic study release. More recently, a small number of nursing students has undertaken basic nursing study in colleges of advanced education. The question of how nurses are best prepared was the major issue addressed by this Committee. However, an important consideration was that of the supply and demand of qualified personnel. This issue is taken up separately in Chapter 3.

2.6. In its Report for the 1985-87 Triennium the Advanced Education Council (AEC) of the Commonwealth Tertiary Education Commission (CTEC) summarised the variety of arguments which have been put forth in favour of a total transfer of basic nurse education to higher education. These summary statements appear below.(3)

- in apprenticeship type training educational needs may be overshadowed by service requirements; training in CAEs gives students the opportunity to concentrate on the theoretical elements of their training whereas hospital based training makes it necessary for students to divert their attention from education to patient care;

- nurses who are educated in multi-disciplinary tertiary institutions, where concentration of effort is on the application of principles to person centred care rather than to nursing tasks, will adapt more successfully to the total health needs of a rapidly changing society; for example, advances in medical technology require nurses to have a strong theoretical training which can be more readily upgraded than the practice based training provided in hospitals when new advances occur;

- nurses need college based basic training in order to achieve equal professional standing with allied health and paramedical staff;

- transfer of all nurse education to the advanced education sector would result in a fully qualified workforce; patient care would then be administered only by staff fully trained for that role;

- as the majority of nurses is women, educating nurses in colleges of advanced education is consistent with the concept of improving the status of women;

- diversity will be a feature of the nursing workforce in future with greater numbers of registered nurses working outside hospitals in community roles; tertiary institution based education is a more effective basis for non hospital nursing.

2.7. While acknowledging the thrust of these arguments the Advanced Education Council identified a number of issues which must be analysed in any consideration of transfer.(4) These include:

Financial Implications - Despite savings in State hospital budgets, the Commonwealth would be responsible for substantial additional recurrent funds in addition to capital costs in the longer term.

Student Demand - There has been an overall decline in demand for nursing places. There is some reason to believe that students prefer hospital based courses with the consequent opportunity to earn a salary.

Assessment of Manpower Needs - A longer term assessment of the needs for nursing personnel is required.

Educational Considerations - Students may prefer the practical orientation of hospital courses.

Evidence from Evaluation - Information obtained so far indicates little difference between the work performances of hospital trained and college trained nurses.

Availability of Suitably Qualified Nurse Educators - Information is not currently available to judge whether sufficient qualified educators would be available if a total transfer were made.

2.8. The Committee recognises the concerns of the CTEC and in its deliberations has attempted to address these factors specifically.

2.9. The Committee recognises that its inquiry is one in a series on the nature of nurse education in recent years. It acknowledges that recent developments in Western Australia as a result of a recent Government initiative to integrate all health care programs into one department (as of 1 July 1984) makes it a particularly opportune time to give serious consideration to nurse education in this State.

THE CONTEXT OF NURSING IN WESTERN AUSTRALIA

National Influences - Developments in Australian Nursing Education

2.10. Following a pattern of on-the-job training originally developed in the United Kingdom, all nurses in Australia were trained in hospitals until 1974 when the first college based course commenced. Teaching hospitals accepted students who were then rostered as part of the regular workforce. The hospitals administered an education program for the student nurses who then had to meet the examination requirements of a nursing registration body, in this State, the Nurses' Board of Western Australia.

2.11. Throughout the 1970s, there was increasing pressure from a variety of groups to improve the quality of nurse education in some way. The Australian States each carried on this debate with varying degrees of energy. Western Australia became a leader in developments in both college and hospital based courses.

2.12. The creation of the Western Australian School of Nursing (WASON), an independent school of nursing, was unique in Australia. Its establishment, in 1975, came as a result of an amalgamation of the hospital school at Royal Perth Hospital and the Government School of Nursing which had been affiliated with

a number of regional hospitals throughout the State. It remains the largest of the schools, taking some 36 per cent of the 1983 general nursing intake.

2.13. The Diploma of Applied Science (Nursing) at the Western Australian Institute of Technology (WAIT) was the second Australian college based course in which the nurses being trained were not responsible for service needs in the hospital and, consequently, received no salaries from the hospital system. The history of the WAIT program reveals many of the controversies over the placement of nursing education into the higher education sector. The course was originally planned to be offered as a four year degree. Upon direction from the (then) Commission on Advanced Education, it was shortened to three years and, in 1976, the accreditation panel supported it at degree level. However, the Commonwealth refused to fund a degree course and, hence, it was rearranged and shortened to a diploma. Since diplomates have been able to convert their qualification to a Bachelor of Applied Science (Nursing) with one semester's additional study and a minimum six months' post registration experience. The WAIT course took its first 25 students in 1975. By 1984, the Diploma in Applied Science (Nursing) program at WAIT had 209 students with a further 215 students enrolled in the bachelor degree course.

2.14. Basic general nursing courses have become well established in colleges elsewhere in the country. Within the last decade the student load has grown to 1200 equivalent full-time students (EFTS) nationally. In its recent Report for the 1985-87 Triennium, the CTEC provided information on the current status of such programs. This is summarised in the table below.

TABLE 2(1): LOCATION AND SIZE OF COLLEGE BASED NURSE EDUCATION COURSES IN AUSTRALIA 1983

STATE	INSTITUTIONS	TYPE OF TRAINING	SIZE
New South Wales	Cumberland College of Health Sciences	Basic	137 EFTS
Victoria	Lincoln Institute of Health Sciences	Basic)	
	Phillip Institute of Technology	Basic)	438 EFTS
Queensland	Queensland Institute of Technology	Basic	35 intake commenced 1982
Western Australia	Western Australian Institute of Technology	Basic	149 EFTS
South Australia	South Australian College of Advanced Education	Basic	280 EFTS
Tasmania	Tasmanian College of Advanced Education	Basic	19 intake commenced 1982
ACT	Canberra College of Advanced Education	Post Basic Only	

SOURCE: Commonwealth Tertiary Education Commission Report for 1985-87 Triennium, Volume 1 (Part 4), p.166-171.

2.15. The progress which has been made towards shifting general nurse education into higher education institutions has been given a recent dramatic boost. The New South Wales Government proposed the transfer of all basic nursing courses to colleges of advanced education from the beginning of 1985. This action was independent of any provision of Commonwealth funds. Western Australia had set a precedent in 1983 by closing one school of nursing and establishing those places in the diploma program at the Western Australian Institute of Technology. The New South Wales' decision has been given Commonwealth support by the recent statement of the Health and Education Ministers to cooperate in a total transfer of basic nursing programs to higher education.

National Influences - The Sax Report (5)

2.16. In 1977, in the light of an ongoing National debate within the nursing profession on the nature of nurse education, the then Commonwealth Minister of Education established a Committee of Inquiry under the Chairmanship of Dr Sidney Sax to debate the fundamental question of whether nurse education should be transferred from hospitals to tertiary education institutions. Six years after the publication, its report continues to represent a benchmark in the debate.

2.17. The Committee was asked to consider the following issues:

- the organisation, operation, costs and quality of health services and care;
- the staffing implications for educational institutions of any transfer of nurse education training from hospitals to educational institutions;
- the sources, supply and distribution of nurses; and
- the size and structure of the nursing workforce;
- the costs of nurse education and training and the respective financial responsibilities of the health and education sectors.

2.18. The Committee reported in August 1978. Its recommendations supported, in general, some shift away from hospital based training programs, to be implemented over an extended period of time. However, for the immediate future, only a small proportion of basic nurse education places was to be offered at tertiary education institutions. The Sax Committee argued for diversity in the presentation of basic education and recommended: **(6)**

- rationalisation and upgrading, where appropriate, of existing schools of nursing;
- development of "appropriate" relationships between hospital based schools of nursing and educational institutions;

- steps to allow accreditation by educational authorities of courses at hospital based schools of nursing;
- continuation of established three year diploma basic nurse education courses at colleges of advanced education;
- a limited expansion of college of advanced education basic nurse education places with a target of some 2 200 places by 1985.

2.19. The Sax Committee envisaged that these various methods of preparing nurses would be "directed towards one level of comprehensive basic preparation for nursing registration, even though these [would] be provided in different settings".(7)

2.20. The Sax Report was published in August 1978. However, the Commonwealth Government of the day delayed public statement on the report until 1980. In October of that year the Commonwealth committed itself to 1100 places for nursing students in the advanced education sector - half the number Sax had targeted for 1985. Although there were repeated calls from the nursing profession and others to increase this number in line with the Sax recommendation, no fundamental change was made in the Government's position until 24 August 1984 - see paragraph 2.58. However, some States did move independently to increase numbers; for example, in Western Australia the State provided funding for additional students in the WAIT diploma of nursing course to compensate for the closure of the St John of God Hospital School of Nursing. In New South Wales, the State committed itself to funding the total transfer of general nursing to colleges by the end of 1985.

2.21. In the period between the Government's announcements on the Sax Report and the most recent policy shift, the document has been the basis for a number of inquiries on nursing education carried out in various States. Such activities have been in line with Commonwealth Government policies to evaluate college based programs and to monitor and review hospital based courses as recommended by Sax. As part of the review process, the Commonwealth Tertiary Education Commission in 1980 established a

joint working party with the Department of Health to monitor any effects arising from decisions from the Sax Report. The report was published as part of Volume 4 of the Report for the 1982-84 Triennium in 1983. **(8)**

2.22. The Working Party concluded that:

- considerable rationalisation and upgrading of hospital based schools had taken place in line with Commonwealth policy;
- relationships between hospital based schools of nursing and tertiary educational institutions had been established in many instances and were particularly widespread in New South Wales and that the development of contractual arrangements was the dominant form of such relationships;
- accreditation of hospital based courses by tertiary education authorities had not been achieved;
- there had been a limited expansion of basic nurse education places in CAEs; these were expected to number between 1 100 and 1 200 by 1985; and these courses were available in all States but not in the Northern Territory nor in the Australian Capital Territory.

2.23. While it is important to acknowledge the improvements that have occurred in hospital based programs, it is generally agreed that inadequacies still exist. The desire for further improvements to nurse education in Western Australia was one of the reasons which led to the formation of this Committee of Inquiry.

SITUATION IN WESTERN AUSTRALIA

Nurses Board of Western Australia

2.24. The Nurses Board of Western Australia is a statutory body established under the Nurses Act (1968-80) to consider conditions affecting the education of nurses and the practice of the nursing profession in this State. It is concerned with maintaining professional standards. Its functions are: **(9)**

- to determine the requirements for admission to courses of training and to determine the length, character, content and conduct of courses of training for each branch of nursing;

- to determine standards of examinations, for all types of nurse training under the Act, conduct the examinations, and issue certificates to entitled persons;

- to be responsible for the granting of provisional approval to, and for approval for the purposes of the Act, of any hospital, school of nursing or other institution or any part of that hospital, school or institution as a school of nursing for the whole or part of any course of nursing training;

- to require any school of nursing to keep records as prescribed of all students training for any branch of nursing;

- to receive applications for, and authorise registration; issue and cancel registration certificates, and suspend registration where deemed necessary;

- to authorise and carry out, research and investigation into matters of training and registration where deemed necessary;

- to appoint an administrator, to the Board and such other persons considered necessary for the effective exercise of the Board's powers and functions;

- having the power to discipline registered nurses for breaches of the Nurses Act including the power to place on a bond of good behaviour, to reprimand, to fine, to suspend, and to de-register; and

- to do whatever the Board deems necessary, within the scope of its authority, for the effective administration of the Act.

2.25. In conjunction with its education responsibilities the Nurses Board determines appropriate entry standards for approved courses in nurse education and training.

2.26. In general terms, these minimum standards in 1984 are as follows:

General Nursing	-	Year 12
Mental Health	-	Year 12
Dental Nursing	-	Year 12
Enrolled Nursing	-	Year 11
Mothercraft Nursing	-	Year 10

Mature age applicants - provision is made for mature age people who lack the educational requirements yet are interested in nursing.

2.27. The second major function of the Board is to maintain a register of all applicants for registration who have successfully met the designated criteria for the appropriate type of registration. Individuals may be registered in more than one category. At the present time there are separate registers for:

	Number Registered 1983
General Nurses	11 383
Midwifery	3 804
Mental Health Nurses	832
Mothercraft Nurses	295
* Children's Nurses	265
Dental Nurses	213
Child Health Nurses	514
* Tuberculosis Nurses	65
Enrolled Nurses	4 272
* Enrolled Mental Health Nurses	197

(* currently no training programs available)

Schools of Nursing in Western Australia

COLLEGE PROGRAMS

General

Western Australian Institute of Technology

Child Health

Western Australian Institute of Technology

HOSPITAL PROGRAMS

General

Fremantle Hospital, Fremantle
Princess Margaret Hospital for Children, Subiaco
Sir Charles Gairdner Hospital, Nedlands
The Western Australian School of Nursing, Perth

Mental Health

The Western Australian School of Nursing (as of 1 July 1984)
Graylands Hospital

Dental

Perth Dental Hospital

Midwifery

King Edward Memorial Hospital for Women, Subiaco
St John of God Maternity Hospital, Subiaco

Mothercraft and Child Health

Ngal-a Mothercraft Home and Training Centre, South Perth

Enrolled

Country

Albany Regional Hospital
Bunbury Regional Hospital
Derby Regional Hospital
Kalgoorlie Regional Hospital
Narrogin Regional Hospital
Port Hedland Regional Hospital
Warren District Regional Hospital, Manjimup

Metropolitan

Mt Henry Hospital, Como
Swan Districts Hospital
Western Australian School of Nursing, Perth

Education Opportunities: Some Descriptors

2.28. At the present time, a large number of descriptors is used in the context of nursing education opportunities. The major terms are defined below.

Basic Education

Educational programs designed to prepare nurses for beginning nursing practice and leading to primary registration with the Nurses Board of WA.

Post Basic Education

Educational programs designed to extend knowledge and skills in nursing practice beyond beginning practice which may lead to:

(a) secondary registration by nurses with the Board;

OR

(b) endorsement of course by the Board;

OR

(c) granting of academic award to nurse by higher education institution.

* Staff Development

The formal and informal learning activities which contribute to personal and professional growth encompassing orientation, inservice and continuing education programs.

* Orientation

A series of learning activities provided by the employing agency designed to enable newly appointed persons to function effectively in a new position.

* Inservice Education

Planned programs provided by the employing agency to facilitate development of skills and knowledge required for effective performance.

* Continuing Education

Educational activities designed to extend knowledge for ongoing practice; to prepare for specialisation and career advancement and to facilitate personal development.

Provision of Basic Courses in Western Australia

2.29. As the table below indicates, there are five basic registration nursing courses available for pre-service students, varying in duration from fifteen months to three years.

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* Definitions provided by the Royal Australian Nursing Federation

TABLE 2(2): BASIC PRE-REGISTRATION COURSES

COURSE	LENGTH OF COURSE	STUDENTS		
		Entrants in 1983	Graduates in 1983	Total in Training in 1983
General Nursing				
- Hospital Based	3 years	382	346	1138
- College Based	3 years	71	30	143
Mental Health Nursing	3 years	81	43	130
Dental Nursing	2 years	21	21	62
Enrolled Nursing*				
- General	18 months	210	240	288
Mothercraft Nursing	15 months	44	36	52

(* A course in enrolled mental health nursing is no longer available)

Provision of Post Basic Courses in Western Australia

2.30. The need for education opportunities for all nurses beyond the basic registration level has been recognised for some years. The changing nature of health care delivery and development of new technology makes this issue particularly vital.

2.31. This need was recognised by the Sax Committee when it identified different educational aims which could be accommodated within the structure of post basic nurse education. These are: **(10)**

- preparation for a further recognised or registrable qualification in a field which is of general application;
- preparation for a specific position within an organisation;
- orientation to particular hospital or health care settings;

- provision of work experience and responsibility immediately after completion of basic education; and

- provision of opportunities for individual nurses who are personally responsible for the maintenance or extension of their competence after the end of their basic nurse education, and, where applicable, after the end of any additional education leading to a further qualification.

2.32. The nursing profession recognises this need exists for all registered nurses - general, mental health, enrolled, dental and mothercraft.

2.33. There is a wide range of post basic courses available in this State for qualified nursing personnel. Some are conducted by hospitals and others are in the higher education sector. These courses can be categorised into five groupings although some overlap occurs.

Post Basic Courses Leading to Registration in a Second Category

2.34. Three of the basic pre-registration courses (general, mental health and dental nursing) can be taken as a post basic option. Child health and midwifery are open to graduates of general nursing only. Table 2(3), below, summarises these post basic registration opportunities.

TABLE 2(3): POST BASIC REGISTRATION COURSES *

COURSE	LOCATION	INTAKE	DURATION	FUNDING
Midwifery	King Edward Memorial Hospital	3 x 30	12 months	+students paid
	St John of God Hospital	2 x 12	12 months	+students paid
Child Health	Ngal-a Mothercraft Home and Training Centre	2 x 12	6 months	+students paid
	WA Institute of Technology (option within bachelor degree program)	usually 4 to 8	part of two year course	student finance own
Mental Health	WA School of Nursing	1 x 20	18 months	+students paid
Dental	Perth Dental Hospital	on demand (1 to 2)	12 months	++students paid

* Registered mental health nurses can undertake general training (refer to Chapter 7) and qualified enrolled nurses can upgrade to registered general level (refer to Chapter 8).

\+ paid at second year rate.

++ dental nurse students paid at second year student rate.

Post Basic Certificate Courses

2.35. Currently, there are nine certificate courses in clinical specialties which are available to registered general nurses and endorsed by the Nurses Board - see Table 6(1). All are of twelve months duration. Enrolled nurses have one post basic certificate course and mental health nurses also one. (See paragraphs 7.37 and 8.53.)

Post Basic Courses in Higher Education

2.36. General and mental health trained nurses can undertake a two year bridging program leading to the Bachelor of Applied Science (Nursing) at WAIT. Options are available in nursing administration, nursing education, community health and a variety of clinical specialties.
(See paragraphs 6.25 to 6.31.)

Continuing and Inservice Education

2.37. Inservice education opportunities vary widely according to employer. For most nurses in all registration groups they include, at a minimum, an orientation program. Continuing education courses are also provided by professional nursing organisations. (See paragraphs 6.10-6.15, 7.49 and 8.19.)

Refresher/Reregistration Courses

2.38. The Nurses Act requires that nurses who have not been employed in nursing for five years or more must undergo some refresher training to maintain or regain registration. Because these courses are also available to inactive nurses who have maintained registration with the Board, they can thus be known as either refresher or re-registration courses. (See paragraphs 6.16 to 6.18 for further detail on such courses for general nurses. See paragraph 7.51 for information on mental health nurses and 8.20 and 8.57 regarding enrolled nurses.)

CHANGES IN NURSE EDUCATION IN WESTERN AUSTRALIA SINCE SAX (1978)

2.39. Changes in nursing education in WA had started prior to the Sax Report, under the impetus of the "Goals of Nursing Education" (1975) developed by the nursing profession. The following summary indicates what changes have occurred in nursing education in this State since 1978 and the publication of the Sax Report.

Overall Improvements

2.40. Educational entrance levels have improved. Year 12 status is now required for general, dental, and mental health nursing and Year 11 for enrolled nursing.

2.41. Qualifications of staff members in schools of nursing have improved since 1979, when nursing degrees were established. In 1979, some 53 per cent of those nurse educators with a higher education qualification were at bachelor degree level or better. By 1983, this proportion had increased to 79 per cent. Among

other nursing personnel associated with schools of nursing including supervisors, administrators and ward sisters, the proportion with degree or better qualifications had risen from 15 per cent to 49 per cent (of those with a higher education qualification).

General Nursing

2.42. College based diploma course enrolments increased slowly from 25 in 1975, when the course commenced, to 156 in 1983. Hospital based diplomas course numbers declined from 1404 to 1138 in the same period, a decrease of 19 per cent. WAIT now also offers a degree course for registered nurses which had 207 students in 1983.

2.43. The general nurse program in hospitals has increased theory hours from 1000 to 1600, with increased behavioural and biological science content.

Mental Health Nursing

2.44. The mental health nurse program has increased theory from less than 800 hours in 1979 to 1000 hours currently, with 1600 hours intended by the end of 1985. It also includes 500 to 600 hours of supernumerary clinical experience in general hospitals.

Dental Nursing

2.45. Dental nurses study some units at the Claremont Campus of the WA College of Advanced Education; there is a proposal by the Dental Hospital to develop this practice further.

Enrolled Nursing

2.46. The Sax Report has not influenced enrolled nurse programs significantly. However, closures of some training schools have occurred because of unemployment amongst enrolled nurses until early 1984. In addition, there have been restrictions on enrolments in order to improve ratios of registered to enrolled and student nurses in hospital settings.

Post Basic Nursing

2.47. There has been a decline in the number of nurses undertaking midwifery training with the closure of the St Anne's program in 1981 and reductions at King Edward Memorial Hospital (down 37 per cent in 1983 from 1978 figures). However, a postgraduate course at WAIT will commence in 1985.

2.48. A number of new (since 1978) post basic certificate courses is offered by Schools of Nursing.

WAIT: Restorative and Continuing Care Certificate (offered on a contractual basis on behalf of the Health Department)

WAIT: Nursing and the Handicapped Client (offered on a contractual basis on behalf of the Health Department)

PMH: Paediatric Certificate (increased in length to twelve months)

WASON: Critical Care Certificate in Cardio-Thoracic and Coronary Care.

1984 DEVELOPMENTS

Commonwealth Tertiary Education Commission: Report for 1985-87 Triennium

2.49. In Volume 1 of its report, which was released in April 1984, the Commonwealth Tertiary Education Commission (CTEC) considered four options with regard to the education of nurses. These are the:

- maintenance of current levels in higher education; that is about 1200 out of a total of 18000 nursing students (approaching 7 per cent);
- implementation of the Sax recommendation which would increase the number of nursing students in higher education to 2200, some 1000 over current levels;
- adoption of the Advanced Education Council proposals for another 2500 EFTS by 1987 for a total of 3700 in higher education; and

- transfer of all nursing education to higher education by the end of the 1985-87 triennium.

2.50. On the basis of evaluations of the first group of college trained nurses the CTEC concluded that the differences were insufficient to justify support for one type of course - college based - only. (11)

2.51. The CTEC recommended instead the second option which was to provide for the number of students recommended by Sax in 1978. At current enrolment levels this would result in approximately 12 per cent of nurses in Australia being trained in colleges of advanced education.

2.52. The CTEC's arguments for this position revolved around the cost of such a transfer, in the context of prevailing strong pressures for higher education places, access, and the existence of potential capacity in hospital schools, given a decline in numbers training in hospitals from 23500 in 1977 to 17000 this year.

2.53. The CTEC stated that if an eventual transfer were to be accepted by the Government, it envisioned the rate for such a transfer to be dependent upon the availability of funds. In its words: "In the meantime, nurse education should continue to be provided by a variety of means including contractual and other arrangements between hospitals and tertiary institutions"(12)

Inter-Departmental Committee

2.54. In May of this year, the Commonwealth Government announced the establishment of an Inter-Departmental Committee (IDC) on Nursing Education to consider this issue separately from other CTEC recommendations on tertiary education. The formation of this Committee followed strong responses on the part of the nursing profession to the unfavourable recommendations of the CTEC. It also indicated some concern about moves in New South Wales to make a total transfer to advanced education within the next triennium. The Committee was comprised of representatives

from the Commonwealth Departments of Education and Youth Affairs, Prime Minister and Cabinet, Employment and Industrial Relations, Veterans Affairs, Treasury and Finance.

2.55. The brief of the Inter-Departmental Committee appeared to be a short term one: in consultation with the States to advise the Government on action to be taken on these issues in the next triennium. Their report to Cabinet was to "include consideration of the full costs involved as well as industrial relations issues, status of women issues and health issues. Because any transfer of nurse education to CAEs will involve some savings in State health expenditures, a transfer of funds to the education sector should be examined." **(13)**

2.56. It was intended that the report be prepared in time for consideration with the Government's decisions on the 1984-85 budget.

2.57. Two representatives were nominated by the Ministers for Health and Education in Western Australia to attend a meeting in Canberra on 25 June of this year to provide information to the Inter-Departmental Committee on a variety of issues related to nurse education. A preliminary submission by the Committee to the two Ministers was made at that time. Each of the ministerial nominees to the Inter-Departmental Committee meeting was a member of the Committee of Inquiry into Nursing Education.

Commonwealth Initiatives: Transfer of Basic Nurse Education

2.58. In Canberra on the 24 August 1984, the Commonwealth Ministers for Health and Education issued a joint statement regarding the future of basic nurse education. It read as follows. **(14)**

> - Subject to negotiations with the States of satisfactory arrangements for cost sharing and transition to the new system, and to supply and demand considerations, the Commonwealth has decided to respond positively to requests from the States and to support, in principle, the full transfer of basic nurse education to the advanced education sector so that the last intake to hospital based courses occurs in 1990.

- The Commonwealth considers that the transfer is justified on health and education grounds and is consistent with policies on the status of women. Strong views have been expressed to us that the transfer is essential in the light of the rapidly changing nature of hospital care, the need for more highly qualified staff to provide an appropriate standard of care, as well as increased demand for community nursing services and the increasing difficulties that the hospital based systems are encountering in balancing service requirements and the need for an appropriate level of formal training and relevant clinical experience.

- The Commonwealth believes the important professional role of nurses in our society deserves greater recognition and that an upgrading of nurse training, by its transfer from an increasingly outmoded hospital based system to the tertiary sector, will contribute significantly to this.

- The Commonwealth expects that significant benefits will accrue from the transfer, including a better trained and more responsive workforce, increased employment opportunities for qualified nursing personnel, increased educational and vocational opportunities, particularly for women, and an enhanced status of nurses in line with other health professionals.

- In reaching the decision on timing of transfer, the Commonwealth's primary concern was to ensure that transfer of nurse education to colleges would be undertaken in an orderly, planned fashion. Transfers at a faster rate than that approved in principle by the Commonwealth could create severe shortages of trained nurses because of the need to replace student nurses working in hospitals, and could overstretch resources in colleges of advanced education. The Commonwealth is also concerned that differing rates of transfer in different States could place severe constraints on the supply of trained nurses in those States which transfer more slowly.

- The Commonwealth will hold discussions in the near future with State Governments on assistance for appropriately phased transfers in response to State initiatives.

IMPLEMENTATION OF CHANGE IN WESTERN AUSTRALIA

2.59. The Commonwealth's initiative for a complete transfer of basic nurse education from hospitals to higher education by 1993 was consistent with the Committee's views expressed during the course of its inquiry. It was, therefore, able to provide to the State Ministers for Health and Education preliminary extracts from a draft of the report, with information to assist them in their negotiations with the Commonwealth. Such negotiations were being carried on throughout the period of the finalisation of this report.

2.60. While much of the debate within the Committee of Inquiry has focused upon general nursing - and this has been the issue addressed by the Commonwealth - the needs of the other categories of nursing personnel must be considered.

2.61. The Committee was concerned in its deliberations to provide advice on improvements to nursing education, both in the short and longer term, as required by the terms of reference. Its recommendations have been restricted to those which it believes are necessary, desirable and practicable. The Committee agreed that questions with regard to method of education, access and supply/demand would result in different recommended solutions for each nursing group. Hence, each of the five major categories of nursing personnel in Western Australia (general, mental health, enrolled, mothercraft, and dental) is considered in a separate chapter in this report.

CHAPTER 2 - NOTES

1. Royal Australian Nursing Federation, Standards for Nursing Practice, September (1983), p.3.
2. National Health and Medical Research Council "The Role of the Nurse", 1983. p.1.
3. Commonwealth Tertiary Education Commission. Report for the 1985-87 Triennium, Vol 1 (Part 2), p.133, Vol 1 (Part 4), p.172, 173.
4. ibid, Vol [illegible] (Part 4), p.173, 174.

5. Nurse Education and Training: Report of the Committee of Inquiry into Nurse Education and Training to the Tertiary Education Commission (August 1978).

6. ibid, p.118

7. ibid, p.119

8. Commonwealth Tertiary Education Commission: Report for the 1985-87 Triennium, Vol 1 (Part 2), p.13.

9. Nurses Board of Western Australia. Annual Report 1983

10. Nurse Education and Training, p.106-107

11. The CTEC based this conclusion on four evaluations of college graduates. However, Jacqueline R Lublin, in an investigation of these reports, casts doubt on the usefulness of the methodology used in the studies evaluated and suggests the need for further work in this area. See: Jacqueline R Lublin, A Discussion of Four Evaluative Reports on Graduates of Basic Nurse Education, CTEC, January 1984.

12. Report for the 1985-87 Triennium, Vol 1 (Part 1), p.107

13. Extracts from telex from Inter-Departmental Committee to Chairman, WAPSEC (13 June 1984).

14. Extracts from telex from Commonwealth Ministers for Health and Education to State Ministers for Health and Education (24 August 1984).

CHAPTER 3 - SUPPLY AND DEMAND OF NURSING PERSONNEL IN WESTERN AUSTRALIA

3.1. Until recently, the supply and demand of nurses in Western Australia appeared to be in reasonable balance. Indeed, in a manpower survey based on 1983 data, the Health Department concluded that there was no need to step up recruitment for general nurses although an increase in demand for enrolled nurses was foreshadowed. While there has historically been a shortage of qualified nursing personnel in country areas, Health Department officials have now observed a developing need for nurses in the metropolitan area. This demand has arisen from a variety of factors including a shortfall in local graduates and the implications of acceptance of a 38 hour week for nurses. The recently announced decision to transfer nurse education to the higher education sector will also put pressure on hospitals whose student nurses have constituted a major element of the labour force and who will now have to be replaced by registered personnel at enrolled and general levels.

SUPPLY OF NURSES IN WESTERN AUSTRALIA 1975-1983

3.2. It is the practice of the Nurses Board to survey annually those nurses who are registered in this State. This survey forms part of the Board's registration and re-registration procedures conducted in the January to March period each year. It provides a variety of information on the supply of nurses in Western Australia in all registrable categories. These registration figures, as summarised in Table 3(1) below, do not bear a one to one relationship with the number of individual nurses registered in the State as any individual may be registered in more than one category.

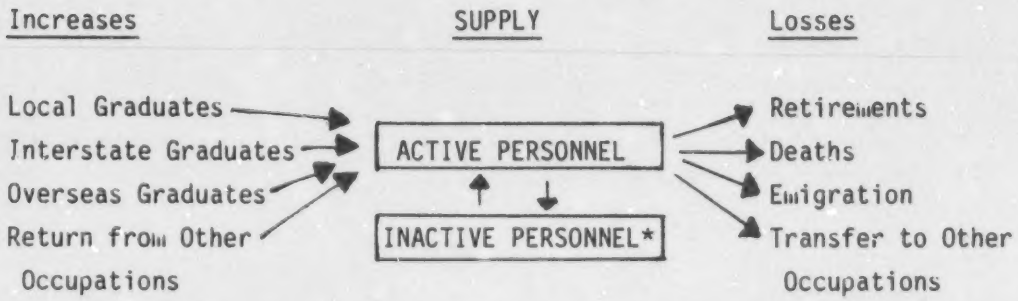
TABLE 3(1): NURSES BOARD REGISTRATIONS, BY DIVISIONS, 1975-1983

DIVISION	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984
General	8708	9035	9464	9741	10178	10147	10774	11145	11383	
Midwifery	3175	3159	3300	3488	3550	3606	3764	3792	3804	
Mental Health	486	559	578	603	694	715	794	805	832	
Mothercraft	233	247	256	279	266	304	293	321	295	
Children	80	77	86	91	88	79	147	220	265	
Dental	83	135	125	140	172	162	200	190	213	
Child Health	494	478	491	513	505	470	514	504	514	
TB	97	93	85	89	90	89	105	64	65	
Enrolled	2915	3047	3280	3268	3573	3850	4139	4280	4272	
Enrolled Mental Health	87	85	115	91	133	172	179	181	197	
TOTAL	16358	16915	17780	18303	19249	19864	20909	21502	21840	

3.3. The labour force participation data for 1983 indicated that there was more than a 60 per cent labour force participation rate (full time equivalents) for nurses registered with the Board in general and enrolled categories.

3.4. The current supply of qualified personnel is created by the combination of growth and losses in the profession. This can be illustrated diagrammatically as shown below.

DIAGRAM 3(1): VARIABLES CONTRIBUTING TO CHANGES IN THE SUPPLY OF NURSES



* Inactive personnel may either be registered or have allowed their registrations to lapse.

VARIABLES INFLUENCING THE SUPPLY OF NURSES

3.5. As Diagram 3(1) illustrates, the supply of nurses in Western Australia comes from three major sources - local graduates, interstate and overseas graduates, and inactive personnel.

Graduates from Outside Western Australia

3.6. The proportion of registrations of those nurses trained outside the State has remained remarkably stable throughout the 1975-83 period, at more than 50 per cent of the total, as Table 3(2) illustrates.

TABLE 3(2): NEW REGISTRATIONS*, BY ORIGIN, 1975-1983

YEAR	LOCAL GRADUATES No.	%	INTERSTATE GRADUATES No.	%	OVERSEAS GRADUATES No.	%	TOTAL
1975	1053	44.2	808	34.0	515	21.7	2376
1976	1056	43.3	841	34.5	542	22.2	2439
1977	1118	44.2	859	34.0	551	21.8	2528
1978	957	45.1	655	30.8	512	24.1	2124
1979	963	47.2	576	28.2	502	24.6	2041
1980	996	47.7	590	28.2	504	24.1	2090
1981	957	46.3	515	24.9	594	28.8	2066
1982	897	37.7	670	28.1	815	34.2	2382
1983	863	45.7	527	27.9	500	26.5	1890

* As noted in paragraph 3.1, registration figures do not bear a one to one relationship with the number of registered nurses as qualified nurses may be registered in more than one category. However, given that more than half the registrations in Western Australia are in the general category (see Table 3(1)) and that the general qualification forms the basis for many of the others, these figures do point out in general terms the sources of nursing registrations in Western Australia.

3.7. The Committee was concerned that Western Australia appeared to be dependent upon the availability of nurses trained outside the State. Unlike the number of local graduates, which may be altered by increasing or decreasing intakes into schools of nursing, the supply of nurses from outside sources cannot be controlled by State initiatives.

3.8. For example, overseas graduates account for more than half the outside registrations in Western Australia throughout the past decade, as Table 3(2) indicates. It was likely that Commonwealth restrictions on immigration would decrease this supply. The Committee was advised that there were already difficulties in obtaining immigration entry for overseas nurses with specialist qualifications.

3.9. Graduates from interstate also represent a vital contribution to the State's supply of nurses. The Committee was informed that, historically, nursing has been a very mobile profession, with ongoing exchanges of their local graduates occurring among the Australian States. However, concern was expressed that the transfer of general nursing to higher education might, in the short term, reduce this interstate movement, to Western Australia's disadvantage. This concern arose out of the realisation that job opportunities interstate, particularly in New South Wales where the transfer was planned to occur very rapidly, would expand substantially because of the replacement of student nurses by registered personnel, both at general and at enrolled levels. Hence, the number of nurses wishing to come to Western Australia could be reduced.

3.10. The Committee, therefore, recognised that the historical reliance on nurses from outside the State was in doubt. It was concerned that short term shortages of general nurses might occur in the State's health care system.

Local Graduates

3.11. The Committee was advised that local graduates over the past decade have comprised fewer than 50 per cent of new registrations each year with the Nurses Board - see Table 3(2). The potential unavailability of nurses from outside Western Australian points to increased training and employment opportunities for young people in this State.

3.12. Such opportunities coincide with the objectives of the Commonwealth's Participation and Equity program to increase the participation of young Australians in upper secondary and post secondary education. Already this State has observed an increase in enrolments in Years 11 and 12 of 10.7 per cent from 1982 to 1983 and 9.7 per cent from 1983 to 1984. Retention of students from Year 10 to Year 11 has risen dramatically (from 64.0 per cent to 72.2 per cent of the class cohort 1982 to 1984). The increase is smaller from Year 11 to 12 (59.3 per cent to 62.5 per cent in the same period). These retention rates are improving throughout the State - country, outer metropolitan and inner metropolitan areas.

3.13. In other words, more young Western Australians have the opportunity to achieve the entry requirements for nursing at the same time as the State is experiencing a growth in employment opportunities.

3.14. The Committee recognised, however, that the transfer of general nursing to colleges could limit, to some extent, the flexibility of the Health Department in responding quickly to the need for hospital nursing personnel. The hospital training system for nurses allows for rapid increases and decreases in student intakes, these students being rostered to the hospital labour force. With the longer lead time required to adjust the number of graduate nurses once the transfer is complete, such flexibility will be reduced. The Committee acknowledged the importance of adequate manpower planning to ensure the appropriate size of college intakes, both during and after the transfer.

3.15. The planning of intake sizes, therefore, assumes a major role. The Committee discussed two factors which could influence the planning process.

Wastage of Students from Nursing Courses

3.16. Experience has shown that the attrition or wastage rates associated with college programs is higher than those in hospital schools of nursing. Although it is no higher than in other college courses, it is a factor which must be monitored closely as the transfer proceeds. (1)

Retention of Nursing Staff

3.17. As noted previously, a high level of mobility is also a factor which affects the supply of graduates and, hence, planning of intake sizes. In its discussions the Committee was concerned with means of retaining within the State young people locally trained. While the question of high turnover of trained staff is not clearly documented in hospital turnover statistics, it appears to be very high - 100 per cent or more in some cases. Ironically, it may well be that the proposed transfer of nursing

to the colleges will have the side effect of keeping graduates in the State; newly trained nurses will need to work upon graduation since college training involves deferment of earning a salary.

Inactive Personnel

3.18. Given a substantial increase in demand for nursing manpower in Western Australia, one obvious source, in the short term - refer to Diagram 3(1) - is that group of trained nurses which is currently inactive in nursing - either seeking employment or working in other occupations. Information from a Health Department survey in 1983 indicated that a significant proportion (approximately 8 per cent) of general and enrolled nurses on the register was seeking employment. Indeed, currently available refresher/ re-registration courses have been oversubscribed, illustrating a desire on the part of many trained persons to return to active nursing. This interest in refresher training is despite a $200 fee associated with most of the programs. Table 3(3) below summarises employment information for general and enrolled nurses.

TABLE 3(3): EMPLOYMENT OF REGISTERED NURSES (GENERAL AND ENROLLED), 1983

	GENERAL		ENROLLED	
	No.	%	No.	%
Employed (Full-time)	4826	47.9	1747	50.4
(Part-time)	3066	30.4	825	23.8
Employed Outside Nursing*	205	2.0	123	3.5
Seeking Work	737	7.3	306	8.8
Not Seeking Work*	875	8.7	355	10.2
TOTAL	10077	100.0	3469	100.0

* One might expect that there are trained nurses whose registrations have lapsed who might be classified in these categories. Hence the pool of trained people is actually larger than these figures indicate.

3.19. One may explain the seeming contradiction between the apparent large proportion of nurses seeking work and the stated shortage of general nurses by a number of factors. The Committee was informed that some nursing positions may not be considered appropriate for the older nurse. Other nurses may have family or other commitments which make shift work difficult. Some require refresher training which is difficult to obtain, particularly in non-metropolitan areas. There may also be difficulties for some nurses in moving from one type of employment setting to another.

VARIABLES INFLUENCING THE DEMAND FOR NURSES

3.20. Projecting manpower needs is always the most difficult part of the supply/demand equation. There is a number of factors which can influence the need for trained personnel.

Costs

3.21. The health care system is labour intensive and, therefore, high cost. Salaries make up approximately 75 per cent of most hospital budgets and nursing wages with associated costs would account for a substantial proportion of the cost, given the large number of nurses and their 24 hour service. While Government wishes to keep health costs under tight rein, new initiatives in the health area will require additional personnel.

New Services

3.22. Any new capital facility, other than that replacing inadequate facilities, would generate demand for nursing personnel. It is the Committee's understanding that the State Government is not projecting major capital construction of this nature, beyond the Royal Perth Hospital extensions. However, there may be developments in the private sector, which would increase demand.

Demographic Factors

3.23. As the population increases, there is increased demand for nursing personnel. Changes in demand may also occur if the population diversifies in nature. For example, the ageing of Australian society would increase the need for nurses, particularly those working in geriatric situations.

Changing Nature of Health Care Delivery

3.24. Altering the way in which health care is delivered to the community may result in changes in the numbers and types of nursing personnel required. Increased emphasis on community based health care, such as hospices and "outreach" programs for the mentally ill and intellectually handicapped, could result in a redeployment of nurses, especially those with specialist qualifications.

Staff/Patient Ratios

3.25. Currently hospitals are staffed according to certain ratios of qualified staff to patients. These vary according to the size and nature of the institution and the kind of patients in care. Should these ratios alter, there could be an increased demand for nursing staff.

Legislative Changes

3.26. The State Government is currently contemplating alterations to the Private Hospital Regulations which will require a higher proportion of qualified staff in these institutions. This will increase the demand for enrolled nurses. (See paragraph 8.18 for a fuller discussion of this point.)

Industrial Awards

3.27. Any changes in the conditions of employment under which nurses work would alter the demand for nursing staff. The proposed introduction of the 38 hour week will create at least a 5 per cent increase in demand for nursing personnel. Similarly,

changes in annual leave and other conditions could affect demand. Current award rates for all categories of nursing are contained in Appendix 5.

EVALUATION AND ISSUES

General Concerns Related to Supply and Demand

3.28. The shortage of nurses, particularly general, mental health and enrolled, which appears to be developing in Western Australia, suggests that steps should be taken to increase the available supply. Previous discussion (paragraphs 3.5-3.19) indicates that the availability of nurses for employment is influenced by variations in the number of local graduates, graduates from outside the State and the return to the labour force of inactive nurses.

Graduates from Outside Western Australia

3.29. The Committee is aware of an historical dependence of this State on overseas and interstate graduates. While it is intended to take steps to increase the number of nurses produced locally, the Committee realises that this dependence will continue to some extent. It recommends:

RECOMMENDATION 3(1): That the Nurses Board and the Health Department monitor closely Commonwealth immigration policies and advise the State Government should changes be sought to ensure that specialist personnel can be obtained when and if required.

Local Graduates

3.30. The Committee wishes to affirm the desirability of increasing opportunities to local young people for careers in nursing. It therefore supports the expansion of intakes into higher education schools of nursing in keeping with the findings of manpower surveys. This issue, together with the effect of attrition rates on nursing intakes, is addressed in Chapter 5.

In the interim, it recognises that the demand for nursing personnel can be moderated by the improvement of retention rates in the profession.

RECOMMENDATION 3(2): That organisations employing nurses investigate methods of extending the length of service of their full-time employees; that the concept of permanent part-time employment be explored, together with the use of flexible rosters, child minding facilities and study release.

Inactive Nurses

3.31. Some of the short term demand for nurses can be satisfied by the adequate provision of refresher/re-registration courses in metropolitan and non-metropolitan areas. The chapters pertaining to each group on the nursing register address the current provisions of such programs.

Supply and Demand of Nurses in Country Areas

3.32. The Committee was informed that historically there has been difficulty in recruiting sufficient numbers of qualified nursing personnel to staff country hospitals. Often there are trained nurses in country areas but they are usually in need of refresher training.

3.33. The needs of country hospitals are not only for nursing staff with basic qualifications but also for post basic specialists, especially in midwifery and paediatrics. In order to meet this demand for country based nursing personnel, the Committee recommends:

RECOMMENDATION 3(3): That the Health Department expand the provision of refresher/re-registration courses, both for general and for enrolled nurses, in country centres.

RECOMMENDATION 3(4): **That the Health Department establish a small team of itinerant nurse educators to provide refresher/re-registration courses; that it meet the inservice needs of country based nursing personnel and ensure the availability of ancillary facilities such as libraries.**

RECOMMENDATION 3(5): **That the Health Department consider a system of scholarships or low interest loans to students in college programs in return for service in country regions.**

SUMMARY

3.34. The supply or demand for nurses in Western Australia is determined by a number of variables. The Committee considered three sources for nursing personnel - local graduates, graduates from outside the State, and nurses who are currently inactive. It agreed that the supply of nurses is more amenable to alterations in Government policy than are many of the variables which influence the demand for nurses in Western Australia. The demand variables include:

- costs of employing nursing personnel
- implementation of new services
- demographic changes
- changing nature of health care delivery
- changes in staff/patient ratios
- legislative changes
- industrial award conditions

3.35. The recommendations of the Committee focus upon the need to provide refresher training for currently inactive nurses, reducing the turnover rates of employed nurses, monitoring changes in Commonwealth immigration policy and providing for flexibility in the number of local graduates.

CHAPTER 3 - NOTES

1. Attrition Rates - College Programs

No data were available to the Committee on attrition rates from college programs in the Eastern States. However, information on attrition rates for the 1978-1983 intakes from the WAIT program was obtained. These rates were comparable with the overall attrition from health science courses in the Institute but significantly lower than the Institute wide figures.

Analysis of the data indicated that the major cause of wastage was for academic reasons. Termination for failure in theoretical or clinical units accounted for 30 per cent of withdrawals. Ten per cent of students placed on restricted studies for academic reasons left of their own volition. In this latter group, all but one had a WAIT aggregate of below 300. Level of aggregate did not appear to be a significant factor in the first group.

The next major reason for attrition (eight per cent) was transfer to another tertiary course as in many cases successful completion of first year had gained the student entry into the course of his original first preference.

An almost equal number was forced to leave the course because of family commitments or problems such as the husband being transferred out of Perth or problems experienced trying to balance family commitments and study load.

Five students (six per cent) identified financial problems as their reason for leaving; however, this was also a factor for a number of students who withdrew after being placed on restricted studies, which would have meant that their course was being extended to four years.

Three students are known to have transferred to hospital courses. The hospital based course had been their preference but they had not been offered a position in the first intake of the year, so accepted an offer from WAIT and then transferred later in the year. Other students who left the program may also have entered hospital programs. Also, at least four of the students, who left the program for various reasons after completing two years, are now enrolled nurses.

Other reasons for leaving the program were a decision not to pursue a nursing career (7.5 per cent); health problems not evident on medical examination at time of entry (7.5 per cent); and personal problems (six per cent). Reason for leaving was unknown in five cases as these individuals did not attend a withdrawal interview.

The majority of those who withdrew did so in the first year of the course.

CHAPTER 4 - ACCESS TO THE NURSING PROFESSION

4.1. The desirability of widening access to the nursing profession was a major issue addressed by the Committee. In their discussions, members were guided by objectives of the Commonwealth Government's Participation and Equity Program, which is encouraging the retention of young people in upper secondary and post secondary education.

4.2. The Committee focused upon the question of access both in its broad and in its narrow senses - access to a nursing career for all young Western Australians and access by groups which might be termed disadvantaged. This latter category includes members of lower socio-economic groups, ethnic and indigenous peoples, the mature aged and country residents.

GENERAL ACCESS

4.3. As was discussed in Chapter 3, the present climate appears to be favourable for expanding nursing opportunities in Western Australia. Not only does the Health Department envisage expanding employment opportunities but there are increasing numbers of school leavers with the appropriate entry requirements.

ACCESS TO MEMBERS OF FINANCIALLY DISADVANTAGED GROUPS

4.4. A major issue addressed by the Committee in its discussions regarding a transfer of general nursing to the college setting was the question of access to nursing by members of financially disadvantaged groups.

4.5. Certainly one of the strongest arguments for the retention of hospital based programs in basic nurse education has been the desire to provide professional training opportunities for those Western Australians who are financially disadvantaged and for whom a salary, as they learn, is important. Nursing students enrolled in college programs must look to financial resources other than salary. These include the Tertiary Education

Assistance Scheme (TEAS), parental support, part-time earnings and, in the case of single supporting parents, Government pensions. With the decision to phase in a total transfer of basic nurse education to higher education, sources of financial support for students must be reviewed.

4.6. However, it should be noted that the lack of salary associated with the WAIT diploma program in nursing has not resulted in a shortage of applicants. While the 1984 February intake was 107 students, some 444 applicants designated the course as a first preference. Of this group some 287 had the necessary qualifications for entry. However, it is possible that a large number of this group had placed applications with the hospital training schools as well, resulting in some overlap in demand.

4.7. Nevertheless, it is possible that the restricted financial support available to tertiary students could limit access for potential applicants from lower socio-economic groups. The Committee noted the lack of data available on this question. The percentage of trainees from these groups presently entering hospital based programs is unknown. It has been suggested that this group may already be disadvantaged at the secondary school level, resulting in an inability to achieve the entry requirements into general nursing. Such applicants might choose to enter enrolled or mothercraft nursing, where the entry requirements are not so high. The Committee was informed that some of the general training hospitals in Western Australia have higher entry standards than does the college program at WAIT.

4.8. While the Committee agreed that WAIT students constitute a small group within the overall context of entrants to general nursing, it was interested in the results of a survey conducted in 1983 by the WA Task Force for Implementing the Goals of Nursing to compare the socio-economic backgrounds of WAIT students with those in one hospital based program. The study demonstrated an almost identical profile between the two groups, with a somewhat higher percentage of WAIT students having fathers in the labouring category. Comments to the Committee indicated that a salary was desirable for many hospital students because high parental income would disqualify them for support from TEAS.

4.9. The Committee has recommended - see Recommendation 3(5) - that the Health Department consider the option of scholarships or low interest loans for students in college programs in return for service in country areas. Such a policy could assist needy applicants wishing to undertake nursing education. (See also Recommendation 4(12).)

Financial Support for College Based Nursing Students

4.10. Many college nursing students, as do many tertiary students, rely generally upon financial support from TEAS, although the Committee noted the attraction of the WAIT nursing course for supporting mothers receiving Government pensions, due to the availability of child care facilities and limited clinical involvement outside the day shift. Figures from New South Wales indicate that approximately 40 per cent of nursing students are expected to qualify for TEAS allowances when the complete transfer is made to higher education. (1) These figures are similar to those obtained by WAIT in a survey; some 36 per cent of nursing students received complete or partial TEAS support and, together with students on a supporting parents allowance, approximately 41 per cent of nursing students received a Government benefit.

4.11. TEAS allowances are available to students "enrolled in an approved post secondary institution in an approved full-time course".(2) There are three levels of classification - living at home, away from home or independent (age 25 or more or married or assessed as being independent). Payment rates vary from $35.13 to $62.25 per week for a full allowance. The Committee noted that the 1984/85 Commonwealth budget provides for an increase in payment levels of 10 per cent, the intention being that eventually TEAS will be equal to unemployment payments. (Appendix 6 contains details of the TEAS and payment levels).

4.12. In its discussions, the Committee referred to three studies which had been undertaken on the issue of financial support for tertiary students (3). The studies revealed that:

- Financial assistance is being allocated to a decreasing number of students both in absolute and in proportional terms. The proportion of eligible students in receipt of full-time assistance in Australia (including all major forms of assistance) declined from 65 per cent in 1974 to 42 per cent in 1981. There was a decline in absolute terms between 1978 and 1981. (See Appendix 6).

- A significant proportion of students with TEAS received only a partial allowance.

- The value of TEAS has been eroded. In March 1983 it was only 84 per cent of its 1974 value. *

4.13. These factors were viewed with great concern by the Committee, given that alternative sources of support for students (part-time and casual work, for example) are decreasing and the costs of being a student are increasing.

4.14. In addition to the relationship of financial support for students to the issue of access, the Committee debated its effects upon attrition and stress.

Attrition

4.15. The Committee noted that the national studies on student finances also agree that the pattern of activities undertaken by young people may be influenced, at least in part, by short term financial considerations. Not only is non-receipt of a TEAS allowance a significant disincentive for certain groups of qualified young people to participate in higher education, but financial factors are cited as one of the major influences in deciding whether or not to withdraw from tertiary education. However, in the limited sample of one institution (WAIT), the withdrawal rate for specifically financial reasons was six per cent although a number of students later entered hospital schools of nursing. (See Chapter 3, Note 1).

4.16. The Committee accepts that a transfer of hospital programs to higher education carries with it the possibility of increases in the wastage rates of nursing students. While withdrawals of

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* prior to increases in the 1984/85 Commonwealth budget.

nursing students in colleges are consistent with other types of higher education programs, they are higher than for students in hospital based programs. Therefore, it will be necessary to increase intakes above current levels to allow for wastage and to maintain supply. This issue is addressed in Chapter 5 with reference to the transfer arrangements.

Financial Stress

4.17. The Committee acknowledged that work stress might be reduced by a transfer to the college setting because there is controlled clinical experience for students. However, the Committee recognises also, the importance of stress on students with financial worries. Financial stress was described by Beswick et al in their major study into the finances of tertiary students. (4)

> "...it cannot be disputed that students who are never free from the continual dread of some financial emergency cannot give to their work the time and concentration that it properly demands ... most of the students who indicated financial hardship as the major factor in their discontinuation had sought employment to pay for their living expenses as students or to supplement their income from TEAS and referred to the adverse effects of too many hours of paid employment on their prospects for completing their course."

4.18. The Committee understands that financial support for tertiary students is one of a number of issues to be addressed by the Commonwealth in its development of a comprehensive youth policy. The budget announcement of an increase in TEAS was welcomed, but further changes are desirable to make possible the participation of all qualified applicants in college based nurse education.

ETHNIC AND INDIGENOUS PEOPLES

4.19. The Committee advocated the implementation of special measures to enhance the opportunities for access to nursing for members of ethnic groups and of the State's Aboriginal population.

4.20. The need for qualified minority personnel in the health services was recognised by the Committee from two perspectives:

- the special needs of patients from such groups in nursing care; and

- the desirability of having the nursing profession reflect, with reasonable accuracy, the society it serves.

Special Needs of Patients

4.21. Patients from a variety of ethnic groups and the State's Aboriginal population often have language difficulties in communicating with members of the medical profession. Nurses with special language skills are required in all facets of nursing - nursing homes, extended care facilities, community programs and acute hospital wards. The provision of health care is facilitated by the use of interpreters. There are some trained interpreters on the staffs of some hospitals and there is also access to the State Government's Telephone Interpreter Service. However, particularly in rural areas, interpreters for patients are sometimes obtained on an "ad hoc" basis from hospital maintenance and domestic staff. While assistance from non-medical sources is valued, the Committee recognised that, to be most helpful to patient care, interpreting should be done by someone with professional expertise in the medical field in addition to adequate interpreting skills.

4.22. The Committee believes that there are foreign trained nurses with the necessary language skills in the community who could help to fill this need should an appropriate language and upgrading program be provided. It was informed that the Technical Education Division offers a language course for foreign trained nurses, but that the cost of this course could be prohibitive for many potential applicants. The Committee was also advised that an orientation course for foreign trained nurses conducted at Swan Districts Hospital has been discontinued.

4.23. In order to improve the availability of nurses with language skills the Committee recommends:

RECOMMENDATION 4(1): **That the Health Department, in consultation with the Technical Education Division of the Education Department, ensure that foreign trained nurses requiring English language instruction have access to an appropriate course conducted by the Technical Education Division, at no cost to students.**

RECOMMENDATION 4(2): **That the Health Department be asked to re-instate the orientation program for non-English speaking foreign trained nurses at Swan Districts Hospital.**

4.24. Difficulties also arise when members of the State's Aboriginal population are hospitalised. Due to the specialisation of the major hospitals, patients from all over the State must come to the metropolitan area for treatment. Princess Margaret Hospital has one Aboriginal Liaison Officer but her time is insufficient for the number of Aboriginal patients in hospital at any one time. This problem would be alleviated by the existence of more Aboriginal nurses. Familiarity with the cultures of the various ethnic groups represented in the Western Australian community was seen as advantageous by the Committee which recommends:

RECOMMENDATION 4(3): **That those schools of nursing and academic institutions providing nursing programs endeavour to spend more time in the behavioural science component of the curriculum on the study of Aboriginal and ethnic groups and their cultures.**

RECOMMENDATION 4(4): **That employers encourage practising nurses to undertake language and culture courses to enhance their rapport with Aboriginal and ethnic patients.**

Widening Access to the Nursing Profession

4.25. In affirming the desirability of members of ethnic and indigenous groups entering the nursing profession, the Committee accepts that, although there are no artificial barriers, there may not have been sufficient promotion of the nursing profession to these peoples. While the Nurses Board has no figures on the race and/or ethnic background of those on its registers, the Committee recognises that many ethnic groups may have cultural mores which discourage their selection of nursing as a career. The Committee was informed that, within traditional Aboriginal culture, "healer" is seen as a male role and this militates against the involvement of young Aboriginal women, particularly those from tribal areas.

4.26. The Committee recognises that the selection procedure in this State requires high academic qualifications, and there is strong demand for relatively few places. It is the wish of this Committee to attract a diverse range of qualified applicants to the nursing profession and it, therefore, welcomes the special program for Aboriginal students at WA School of Nursing, sponsored by the Department of Aboriginal Affairs.

4.27. The WA School of Nursing established a special intake of eight Aboriginal students in 1983. Although there has been a 50 per cent wastage within the first year, this rate is comparable with other bridging programs for Aboriginal students. The program provides for additional study time and assistance during the first year of the general nurse program. This is fully funded by the Commonwealth Government. Students are then expected to move into the regular second year of the course. The special intake program is being monitored and evaluated on an ongoing basis. However, comments from the School indicate that there is some difficulty in obtaining qualified applicants.

4.28. The Committee also wishes to acknowledge the provision of bridging courses for Aboriginal students by WAIT and the internal and external services of the WA College of Advanced Education at Mount Lawley to assist such students in meeting higher education entry requirements. It appears that part of

the success of Aboriginals in social science and education programs at the Colleges to date has been due to the enclave system.

4.29. The enclave system is designed to overcome some of the difficulties that Aborigines experience when they study at a large institution where students and staff are often from an alien culture with different values and life styles. The enclave support system, therefore, provides:

- alternative entry procedures for most of the students who will form the group;
- group entry of a number of students in each intake;
- support staff who will provide services to students while on course, preferably including some of Aboriginal heritage;
- special tuition, as necessary;
- a student common room for the Aboriginal student group on the campus; and
- financial support to enable the students to undertake studies.

4.30. The Committee wishes to see an increase in the number of Aboriginal students moving into nursing in addition to the teacher education and social science courses they have traditionally preferred. It is hopeful that some of the 300 places to be provided nationally for Aboriginal students in higher education in 1985 under a recent Commonwealth initiative can set aside for basic nurse education programs.

4.31. It, therefore, wishes to support both the special needs of ethnic and Aboriginal peoples in the community for training and the needs of the health care system for practitioners with such backgrounds by recommending -

Aboriginal Access

RECOMMENDATION 4(5): That the Education Department be asked to review its general provision for Aboriginal students to enable them to meet Year 11 requirements for entry to enrolled nursing or the Year 12 requirement for entry to general, mental health or dental nursing.

RECOMMENDATION 4(6): That institutions providing bridging courses for Aboriginal students provide these programs on a cyclical basis in regional centres and seek funding from the Department of Education and Youth Affairs and the Department of Aboriginal Affairs.

RECOMMENDATION 4(7): That the WA Institute of Technology expand its bridging program to include options in the biological sciences to assist Aboriginal students to qualify for a transfer to nursing education.

RECOMMENDATION 4(8): That institutions offering bridging courses for entry to nursing be encouraged to establish an enclave support system.

RECOMMENDATION 4(9): That schools of nursing and academic institutions offering nursing programs with a bridging element for Aboriginal students be encouraged to establish an enclave support system.

RECOMMENDATION 4(10): (a) That the WA School of Nursing continue provision of a special intake of Aboriginal students on an annual basis, dependent on demand; and that the Department of Aboriginal Affairs continues to support the WA School of Nursing special program.

(b) That WA School of Nursing publicise the availability of the special program to ensure its continuance.

Access for Other Minority Groups

RECOMMENDATION 4(11): That those who provide advice and information about nursing careers stress the availability of opportunities in the nursing profession for ethnic groups in the community.

MATURE AGE STUDENTS

4.32. The Nurses Board reports that a large proportion of basic general nursing students is mature age entrants (older than 20). The nature of the nursing profession makes it desirable that this should continue. However, there is some concern that a transfer of general nursing to higher education will deter mature persons who, while studying, require a salary because of family and other responsibilities. It is impossible to determine whether such concerns about access for this group are valid. Certainly other courses in higher education suffer no lack of mature age applicants, both men and women. The WAIT School of Nursing reports that 50 per cent of its student intake in 1982 was mature aged. The Committee agreed that support systems were desirable to maintain the mature age students in a nursing course and recommends:

RECOMMENDATION 4(12): (a) That the Health Department, because of the desirability of maintaining high intake levels of mature age entrants into college nursing programs, introduce a scholarship system for deserving applicants.

(b) That schools of nursing and academic institutions offering nursing programs provide to students support facilities such as child care.

COUNTRY RESIDENTS

4.33. The Committee acknowledged the difficulties for country residents in gaining access either to hospital schools of nursing or to college based programs. However, it was informed that provision of adequate clinical experience for students in country hospitals was not possible. It sought to ensure that potential applicants from country areas would not be disadvantaged in gaining entry either to hospital schools or to college programs. The availability of scholarships (see Recommendation 3(5)) could assist country students to undertake nursing studies and return to a country location.

SUMMARY

4.34. The Committee agreed that an apparent increase in demand for registered nursing personnel in most categories (general, enrolled and mental health) represented an excellent opportunity for providing young people in Western Australia with professional qualifications. In particular, four groups were considered - the financially disadvantaged, ethnic and indigenous peoples, the mature aged and country residents.

4.35. The Committee supported the desirability of reviewing forms of financial support for all students including the Tertiary Education Assistance Scheme and loans or scholarships for needy students. The Committee also wished to encourage the entry of members of ethnic and indigenous groups in order to cater for the special needs of patients from these groups and to make nursing a profession which reflects the racial and ethnic profile of the community. Recommendations include measures to encourage such entry and to provide appropriate support systems.

4.36. The Committee also recognises the desirability of providing access for the mature aged and country residents and advocates support systems for such students.

CHAPTER 4 - NOTES

1. Comments from the Inter-Departmental Committee Meeting, Canberra, 25 June 1984.

2. Office of Youth Affairs and the Social Welfare Policy Secretariat, Income Support for Young People, 1984 Appendix, p.102.

3. D Beswick, M Hayden, H Schofield. Studies of Tertiary Students' Finances (Vol 4), Commonwealth Department of Education, Canberra 1983.

   Office of Youth Affairs and the Social Welfare Policy Secretariat, Income Support for Young People, 1984.

   Australian Vice-Chancellor's Committee, Report of the Committee of Review of Students' Finances, 1983.

4. Beswick et al. op.cit, p.225

CHAPTER 5 - THE REGISTERED GENERAL NURSE

BACKGROUND

5.1. Registered general nurses are the largest group of health care workers in Western Australia. In 1983 there were 11 383 general nurses registered with the Nurses Board of Western Australia.(1)

The Role and Functions of the Registered General Nurse

5.2. The role of the registered general nurse has been greatly expanded over recent years. The most current statement of this role is given by the National Health and Medical Research Council in a 1983 publication entitled "The Role of the Nurse". The Council's statement is worthy of the extensive quotation which follows.(2)

> The role of the nurse in Australia varies according to the geographic location and the population with whom the nurse works, the particular type of hospital or health unit in which the nurse works, the stated aims of the employing authority, and the expressed health needs of the community.
>
> Wherever the nurse is working, however, he or she is responsible for assessing the nursing needs of the patient, client, family or community, and identifying the resources required to meet those needs. The nurse works with the patient/client to plan the nursing care required, undertake what has been planned, document what has been done, and evaluate the results of the care that has been given.
>
> In providing services to the patient/client the nurse delivers comprehensive care rather than a series of isolated tasks or activities. To accomplish this the nurse coordinates client care and cooperates with other health disciplines.
>
> Nurses also have functions in management and administration, education and research which are vital to patient care and the functioning of the health system.
>
> Nurses must take an active role in the overall management of the agency in which they are working as an essential part of the multi-disciplinary team.

At the organisational level, the management role of the nurse includes organising of patient caseload, the management of patient care, the oversight of facilities in the nursing area, and the planning and evaluation of the nursing services provided. Another aspect of the management role is the coordination of care given by nursing, medical, other health professionals and auxiliary staff. In certain settings part of the nursing management role includes supervision of technical, domestic and clerical activities where these directly influence patient care.

All nurses should be encouraged to participate in the management of health units, and whenever nurses are involved in the outcome of decisions, they should participate in the decision making process, that is, be consulted and be involved.

In education, the role of the nurse is to develop and conduct formal courses in nursing at undergraduate and postgraduate levels in hospital and tertiary institutions and to assist with the orientation and continuing education of nurses, other health professionals, and other employees of the hospital or health unit.

The nurse is also responsible for identifying areas for special study or research so that skills in nursing practice, nursing education and administration can be further developed and refined. During the nursing education program, nurses must gain an understanding of nursing research and research methodology, so that they are able to participate in such research programs.

5.3. Nurses work in a variety of settings and for many different types of organisations. Their roles vary according to whether they are hospital or community based, employed in acute hospital care, in nursing home, domiciliary nursing, occupational health, or in remote and rural areas. The National Health and Medical Research Council has suggested that although the largest group of nurses work in hospitals, the requirements for community based health services is increasing. Nurses may advance to administrative, educational, clinical specialist and research positions within the health system.

In the Community:

5.4. Community nursing is aimed at preventing disease or retarding its progress, and there is an emphasis on health promotion, health maintenance, information sharing, client advocacy, counselling and support. Community nurses are involved with well individuals, families and groups, as well as the sick and disabled. The role of the community nurse changes according to where and with whom the nurse is working, the particular health needs of the individual, expectations of the community and the aims of the employing authority. In Western Australia, some examples of nurses working in this area are community, child health, school health, occupational health, family planning, extended care and Silver Chain nurses.

In Remote Areas:

5.5. There is a need to cater for the total health needs of people in remote and isolated areas. The nurse in the outback or remote and isolated areas often has to work without direct medical support. In these situations, the nurse often combines hospital or clinic nursing and community nursing activities and may be required to function as an independent practitioner. The nurse working in isolated areas such as nursing posts and Aboriginal settlements frequently has to take responsibility for assessment and therapeutic procedures, drug administrations, and midwifery, beyond usual nursing practice.

In Hospitals:

5.6. Hospitals vary in size, provision of services, the technology used and the range of clinical specialities offered; and the organisation and nature of the nursing services varies accordingly. Acute hospital nursing includes general medical and surgical nursing, as well as specialist nursing in such areas as the operating room, intensive care, paediatrics, and maternity. As foreshadowed in the 1983 Annual Report from the Commissioner of Hospital and Allied Services, an extension of

hospital services into the local community is envisaged in the near future in an effort to better meet the changing health needs of that community.

In Nursing Homes and Hostels:

5.7. In these settings, nurses provide care for the mentally, intellectually and physically handicapped of all ages. The care provided aims to maintain the well-being of the individual, to encourage physical and mental activities and to rehabilitate the person to the optimum level of functioning and independence possible.

In Hospices/Palliative Care:

5.8. A recent and rapidly expanding innovation in Western Australia has been the development of hospice/palliative care services through which specialist care is provided to the terminally ill and their family in the home or in a hospice setting.

Competencies of the Registered General Nurse

5.9. The Nurses Board of Western Australia has formulated a list of specific competencies pertaining to the work of the registered general nurse. In order to obtain registration, the Nurses' Board must be satisfied that applicants have achieved these competencies in their nursing practice. The competencies relate to five inter-related roles and are detailed in Appendix 7.

- Health Teacher
- Provider of Care
- Co-ordinator
- Communicator
- Member of the Nursing Profession

THE CURRENT SITUATION IN WESTERN AUSTRALIA

General Nursing: Trends in Student Statistics and Registrations

5.10. Information from the Nurses Board on pre-registration students (commencing, total and graduates) and annual registrations is provided in Tables 5(1) and 5(2) below, for the period 1975-1983. There has been an increase in the total number of general nurses registered with the Nurses Board, resulting in an average annual growth rate of 3.0 per cent. The Western Australian population grew at an annual rate of 2.2 per cent in the same period.

5.11. It should be noted that there was a decline in the total number of nurses training over the period, with hospital based programs being reduced in size while the college program grew by 184 per cent (although modest in total numbers). Hospital commencements dropped by 31.6 per cent and the total in training declined by 18.9 per cent in the period 1975-1983. Total graduates (those who successfully passed the examinations of the Nurses Board for registration) dropped only slightly (4.9 per cent) because of the growth in the college program. However, because of reduced intakes, particularly in 1983, the number of graduates in the short term will decline. Wastage amongst hospital based students is lower than that for college based students. However, the rates for college trained nurses are similar to students in other college courses.

TABLE 5(1): GENERAL NURSING STUDENT STATISTICS 1975-1983

	COMMENCEMENTS		WASTAGE (%)[1]		TOTAL STUDENTS		REGISTERED GRADUATES[2]	
YEAR	Hos.	Clge	Hos.	Clge	Hos.	Clge	Total[2]	Clge[3]
1975	547	25	27	-	1404	25	364	-
1976	558	28	28	-	1325	47	358	-
1977	480	17	24	-	1318	51	401	13
1978	459	26	23	12	1274	51	364	15
1979	454	32	24	38	1225	72	403	15
1980	452	52	28	46	1187	94	367	9
1981	457	53	19*	32*	1198	99	372	17
1982	442	56	12*	18*	1173	121	333	16
1983	374	71	4*	7*	1138	143	346	30

1) Wastage prior to 1979 refers to total withdrawals as a proportion of total students; subsequently it describes the wastage in the year's entry cohort. Hence, wastage figures are not complete until three years have passed and the year's intakes have graduated.

2) Applicants successfully passing the examination of the Nurses Board.

3) From WAIT Statistics 1983.

* complete figures not yet available.

TABLE 5(2): GENERAL NURSES REGISTERED WITH THE NURSES BOARD (as of 31 December)

YEAR	NUMBER REGISTERED	% CHANGE FROM PREVIOUS YEAR
1975	8 708	
1976	9 035	4.9
1977	9 464	4.7
1978	9 741	2.9
1979	10 178	4.5
1980	10 417	2.3
1981	10 774	3.4
1982	11 145	3.5
1983	11 383	2.1

5.12. Until recently, the supply and demand of general trained nurses appeared to be in reasonable balance and there was no pressure to increase intakes to the higher levels of recent years. However, over the past months a shortage has developed according to Health Department sources. This shortage is not only in remote areas and country hospitals but also in the metropolitan region. Acceptance of a proposed 38 hour week would exacerbate the situation. Therefore, recruitment policies must be directed

closely to manpower requirements and should also address the need to increase intakes into college programs in order to compensate for higher wastage rates. The general issues relating to supply and demand are discussed more fully in Chapter 3.

Entry Requirements to General Nursing Courses

5.13. The statutory requirements laid down by the Nurses Board are that applicants are required to have completed Year 12 (Board of Secondary Education Certificate) with the Scholastic Aptitude Test moderated Grade 6 or better in four subjects, including English or English Literature and with Mathematics at 10th Year intermediate level or better, or such other qualification as the Nurses Board deems equivalent. There is provision for alternative entry by mature age applicants.

5.14. In practice, most hospital schools of nursing require levels of achievement above the statutory minimum.

5.15. As far as the WA Institute of Technology is concerned, in addition to the Institute's usual matriculation entrance requirements (minimum aggregate of scaled marks on a five subject Tertiary Admissions Examination (TAE) including English or English Literature) applicants must have studied at least one TAE science subject such as Chemistry, Physics, Human Biology or Biology. In 1984, aggregates higher than the WAIT minimums were needed to gain entry. Mature age candidates, who do not have the above qualifications, may qualify through the TAE Mature Age Examination.

5.16. The Committee noted the WA Government's decisions regarding the implementation of the recommendations of the McGaw Report on upper secondary school curriculum. Although the Nurses Board has already begun its review of the future entry requirements for nursing and the WA Institute of Technology has determined general policies for admission in 1987, the Committee felt that there was some urgency needed for these matters to be finalised

so that students commencing Year 11 in 1985 will be able to ascertain specific requirements if they wished to enter nursing programs. Therefore the Committee recommends

RECOMMENDATION 5(1): That the Nurses Board and the WA Institute of Technology complete their review of entry requirements to basic nursing programs as a matter of urgency and make their decisions widely known in the community as soon as possible.

5.17. As mentioned in Chapter 2 there are five schools of nursing in Western Australia with annual intakes as shown in Table 5(3).

TABLE 5(3): SCHOOLS OF GENERAL NURSING

	ANNUAL INTAKES				PLANNED
	1980	1981	1982	1983	1984
WA School of Nursing	157	151	152	158	150#
Fremantle Hospital	79	98	86	60	50
Princess Margaret Hospital	78	75	72	46	48
Sir Charles Gairdner Hospital (a)	90	93	90	90	90
** (b)	15	13	6	10	6
*School of Nursing, WAIT	52	53	56	71	97
St John of God Hospital	33	29	36	18	-
TOTAL	504	511	498	453	441

* includes 20 students in 1983 and 40 in 1984 who are State funded.

** post basic mental health students undertaking general training.

\# includes intake commencing 2 January 1985 as Class 3/84.

5.18. The Committee received submissions from, and visited, each of the hospital schools of nursing in Western Australia. The Committee was impressed by the excellent facilities available to each and the enthusiasm and dedication of the staff members who were involved in discussions during the visits. The Committee thanks those involved in the visits as well as the generous

assistance given afterwards when particular questions or issues for clarification were posed to particular individuals in those Schools.

5.19. The Committee saw each of the four hospital schools as having distinctive characteristics. The WA School of Nursing occupies a unique position as being a school which is independent of a hospital management structure. Established by the Minister for Health, it has a Committee of Management, with a budget allocated to it through the Health Department. The Board has established close working relationships with the Royal Perth Hospital and a number of country hospitals as well as other agencies for the provision of clinical experience for its students. As a consequence the School is able to follow its introductory block of instruction with clinical experience aimed at the study of individuals in a normal environment and the students' first exposure to clinical experience is to have seventeen weeks in one of ths associated regional hospitals - Albany, Bunbury, Geraldton or Kalgoorlie. There they learn to nurse patients in the extended care, medical and maternity wards; so that as far as possible the experience is correlated with the theme of normality.

5.20. Sir Charles Gairdner Hospital School of Nursing forms part of the hospital and although it has considerable autonomy, its budget and management is dependent on hospital decisions. The hospital itself is dominated by provision of acute and intensive care. Students of the School obtain the majority of their clinical experience in the parent hospital, the most noticeable exceptions being periods spent at the Princess Margaret Hospitals (twelve weeks), King Edward Memorial Hospital (one week) and community nursing (three weeks).

5.21. The Princess Margaret Hospital School of Nursing is also based in a hospital with somewhat similar arrangements with respect to autonomy, budget and management as the Sir Charles Gairdner Hospital School. The hospital is, however, a specialist paediatric one and so the beginning experience is in the childrens wards, supported by study days and blocks; but during second year the students are seconded for external clinical

experience for 34 weeks: that is 26 weeks adult nursing at Royal Perth Hospital; four weeks psychiatric nursing at Graylands; four weeks maternity nursing at St John of God; and in year three they have three weeks of community experience.

5.22. The Fremantle Hospital School of Nursing with respect to being part of a hospital, of autonomy, budget and management, is also like the two preceding schools. However, because of the range of health care provided by the hospital and its community involvement the only outside clinical practice is maternity nursing at Woodside Hospital (two weeks).

HOSPITAL BASED NURSING PROGRAMS

Educational Program of a Hospital School of Nursing

5.23. For the purpose of this Report, the Committee paid most attention to the educational programs of the Sir Charles Gairdner Hospital School of Nursing and the WA School of Nursing as they could be seen as the two ends of the range of programs - that of a School in a highly specialised acute care hospital and one which used resources of a wider range of hospitals including country hospitals.

5.24. The first noteworthy feature of the two programs is that both are divided into five (or six) units each comprising a study (or class) block, clinical experience and annual leave. The first three units of both programs are of approximately six months duration, whereas at the Sir Charles Gairdner School Units 4 and 5 are each approximately nine months long and at the WA School of Nursing, Units 4 and 5 are approximately six months long with Unit 6 being nearly four months long. In outline, these two programs are shown in Tables 5(4) and 5(5).

TABLE 5(4): OUTLINE OF THREE YEAR GENERAL NURSING PROGRAM
SIR CHARLES GAIRDNER HOSPITAL SCHOOL OF NURSING

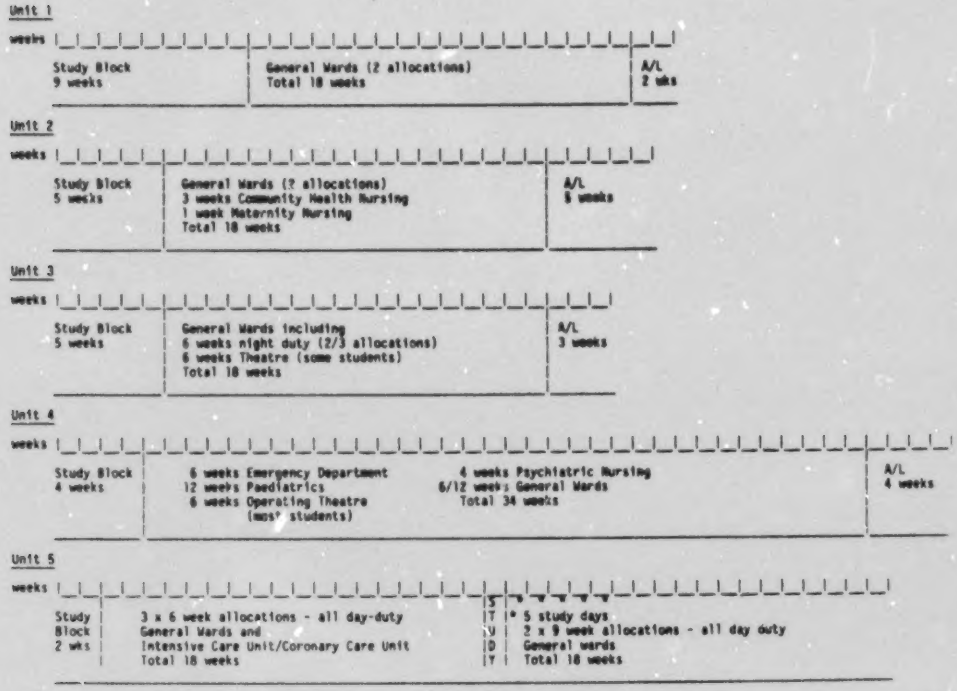

TABLE 5(5): OUTLINE OF THREE YEAR GENERAL NURSING PROGRAM WESTERN AUSTRALIAN SCHOOL OF NURSING

Unit 1

weeks

Class 9 weeks	18 weeks clinical experience in a Regional Hospital - Bunbury, Geraldton, Northam, Kalgoorlie. 1. Basic nursing needs of people in hospital. 2. Maternal and child health (6 week period)	A/L 2 wks

Unit 2

weeks

Class 6 weeks	18 weeks clinical experience.	A/L 5 weeks

Medical	Surgical
RPH 30 students	RP(R)H 12 students Osborne Pk.Hs. 15 students

Surgical	Medical
RP(R)H 12 students Osb.Pk.Hs. 15 students RPH 3 students	RPH 30 students

Unit 3

weeks

Class 6 weeks	17 or 18 weeks clinical experience.			A/L 2 wks
	Psychiatric	Med/Surg/Spec	Med/Surg/Spec	
	Graylands 5 wks RPH 1 week	RPH or RP(R)H	RPH or RP(R)H	
	Med/Surg/Spec	Psychiatric	Med/Surg/Spec	
	RPH or RP(R)H	Graylands 5 wks	RPH or RP(R)H	
	Med/Surg/Spec	Med/Surg/Spec	Psychiatric	
	RPH or RP(R)H	RPH or RP(R)H	Graylands 5 wks RPH 1 week	

Unit 4

weeks

Class 6 weeks	6 weeks Theatre Osb.Pk.H. - 6 students RPH - 7 students	6 weeks Casualty or Surgical RPH	6 weeks Medical RPH	A/L 5 weeks
	Casualty or Surgical RPH	Medical RPH	Theatre Osb.Pk.H. - 7 students RPH - 6 students	
	Medical RPH	Theatre Osb.Pk.H. - 6 students RPH - 7 students	Casualty or Surgical RPH	

Unit 5

weeks

Class 4 weeks	18 weeks clinical experience in a Regional Hospital - Bunbury, Geraldton, Northam, Kalgoorlie 1. Medical/Surgical Nursing 2. Paediatric Nursing (6 week period) 3. Theatre experience (6 week period) w.e.f. 11.1.79 Bunbury - 3 students Geraldton - 3 students Northam - 3 students Kalgoorlie - 6 students	A/L 2 weeks

Unit 6

weeks

Class 3 weeks	18 weeks clinical experience in metropolitan hospital. Emergency Centre Medical/Surgical Nursing Other areas for senior student experience

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5.25. At the Sir Charles Gairdner Hospital School of Nursing, the formal study blocks total 27 weeks, the clinical periods total 120 weeks and annual leave totals 14 weeks (ie. for the first and second years of the program). At the WA School of Nursing, the corresponding figures are 28,113 and 16 weeks (for the three years of the program) respectively.

5.26. The first year of the program at the Sir Charles Gairdner Hospital School comprises Units 1 and 2. A general indication of the content of the formal study periods in these units can be gained from the titles of the subject involved.

UNIT 1		UNIT 2	
DURATION: 9 weeks		DURATION: 5 weeks	
CONTENT	HOURS	CONTENT	HOURS
1. Anatomy and Physiology	50	1. Pathophysiology	52
2. Sociology	13	2. Sociology	12
3. Psychology	10	3. Behavioural Science	15
4. Microbiology	16	4. Nursing Studies	46
5. Nursing Studies	83	5. Immunology	3
6. Professionalism	5	6. Nutrition	3
7. Overview of Health	4	7. Microbiology	2
8. Clinical Experience	73		

5.27. In second year at this School Units 3 and 4 are taken.

UNIT 3		UNIT 4	
DURATION: 5 weeks		DURATION: 4 weeks	
CONTENT	HOURS	CONTENT	HOURS
1. Cardiovascular	13	1. Endocrine	9
2. Blood Dyscrasias	11	2. Central Nervous	24
3. Gastro-Intestinal	27	3. Musculo-Skeletal	19
4. Respiratory	21	4. Dermatology	3
5. Renal	18	5. Epidemiology	10
6. Peripho-Vascular	21	6. Ophthalmics	10
7. Assorted Practicum	17	7. Gynaecology and Mammary	16
8. Drugs and Calculations	6	8. Ear, Nose & Throat	11
9. Educational Visits	5	9. Plastics	2

5.28. In third year,

UNIT 5 (A)		UNIT 5 (B)
DURATION: 2 weeks	HOURS	DURATION: 1 week (plus 5 study days - Fridays)
1. Communications	18	
2. Professionalism	14	This comprises preparation for
3. Advanced Concepts	9	the hospital and State Final
4. Teaching and Learning	8	Examination by the Nurses Board.

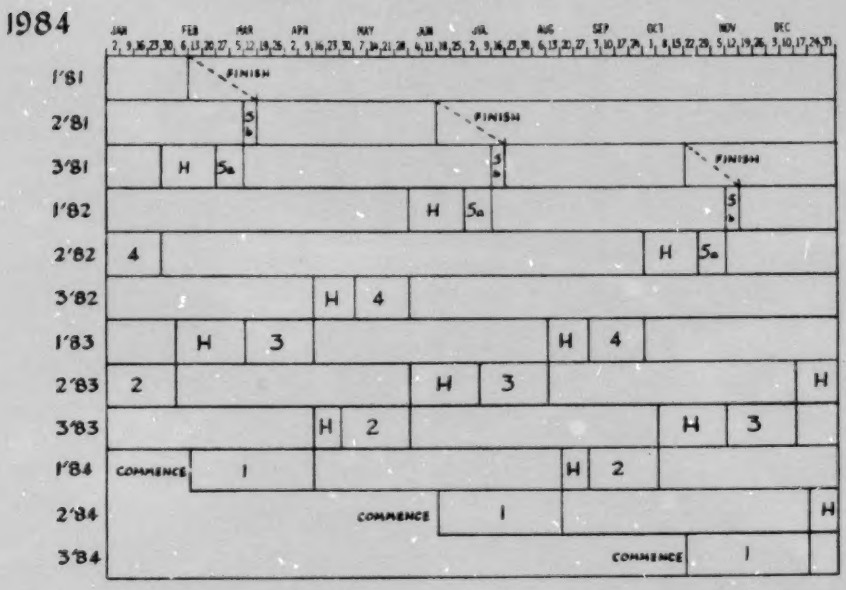
5.29. The Deputy Principal Nursing Officer - Education of the Sir Charles Gairdner Hospital School of Nursing when commenting on the above stated:

> Subject matter presentation is essentially formal classroom teaching with little opportunity for individual learning needs to be considered. Thus, such things as projects, paced learning, individual learning packages, and so on, form little part of information transmission. The majority of subject matter content is presented in 'compressed' lecture format. The extent of this 'compression' can be judged by a comparison with the TAE Human Biology course and the anatomy and physiology content of Unit 1. The TAE subject matter is spread over two years, whereas the student nurse receives a factually 'compressed' distillation of this entire syllabus in a period of eight weeks! This same 'compression' is found in all subject matter areas of the nursing syllabus. The time constraints and service needs create major problems for curriculum planning, implementation and integration, such that the emphasis is placed on practical skills and routines at the expense of scope, depth and synthesis of theoretical knowledge. Furthermore, by the time the student has completed Unit 4 (eighteen months from the start of training) they have received all their clinical theory content.

5.30. The placement of the study units within the calendar year at the Sir Charles Gairdner Hospital School has to be made in such a way that hospital service (in the form of clinical experience) can be delivered by an appropriate mix of students in their first, second or third year of study. How this was achieved in

1984 is shown in Table 5(6). The left hand column 1/81, 2/82, etc. indicate the first intake of 1981, the second intake of 1981, and so on.

TABLE 5(6): STUDY UNITS WITHIN CALENDAR YEAR
SIR CHARLES GAIRDNER HOSPITAL



5.31. The Deputy Principal Nursing Officer - Education explained to the Committee on its visit to the Sir Charles Gairdner Hospital School that efforts to integrate the subject matter theory with clinical experience in the appropriate ward area is particularly difficult. For example, a student may work on a particular Respiratory Medicine Ward (Ward B11) following Unit 1 (April 1983) but will not receive the theoretical subject matter appropriate to that area until Unit 3 in April 1984, some twelve months later. It is also extremely unlikely that the student will return to that ward during the remainder of the three years. Conversely the student may have received the theory relevant to Ward "X" in April 1983 but will not work in that

area until October 1984. Of the 30 students who receive specific theory at any one point in time, it is likely that only twelve of them will work in the relevant clinical area within a period of six months of being given that theory base.

5.32. The impact of this is illustrated by the roster of the staff (shown in Table 5(7)) of a ward such as B11 - Respiratory Medicine on 27 June 1984 - a day chosen at random. That ward with 28 beds, and all occupied, was staffed as follows. The morning shift from 7.00 am to 3.30 pm was staffed with three registered nurses and four student nurses. The four student nurses were made up of one from Unit 5, two from Unit 3 and one from Unit 1; that is, one had yet to study the theory, two were currently studying it and one had studied the theory twelve months earlier. A clinical instructor was present from 8.00 am. The afternoon shift from 1.00 pm to 9.30 pm was staffed with three registered nurses and three student nurses. The three student nurses present comprised one from Unit 5 and two from Unit 1, that is, two have yet to study the theory and one studied it eighteen months earlier. In this shift the clinical instructor withdrew at 4.30 pm. The night shift from 9.00 pm to 7.30 am was staffed with two registered nurses and one registered enrolled nurse.

5.33. The following Table 5(7) showing the Student Nurse Establishment - day duty on wards can be studied in conjunction with the contents of the study blocks of Units 1-5 (paragraphs 5.26-5.28) to see how theory and clinical experience end up being randomly linked for any particular student.

TABLE 5(7): STUDENT NURSE ESTABLISHMENT
SIR CHARLES GAIRDNER HOSPITAL

WARD	U5	U4	U3	U2	U1	Total	WARD *	Experience
B 10	2	-	1	2	-	5	M	Tuberculosis - Rheumatology/ Immunology
C 19	5	-	-	-	-	5	M	Oncology/Haematology/Radiotherapy
B 11	3	-	2	2	3	10	M	Respiratory Medicine
C 14	2	-	1	2	-	5	M	Extended Care
C 16	1	-	1	-	3	5	M	Extended Care
G 27	4	-	1	3	-	8	S	Neurosurgery
G 28	4	-	1	3	-	8	S	Ear, Nose, Throat/Ophthalmology
G 29	-	-	-	-	-	-	S	Orthopaedic and Plastics
G 30	3	-	1	2	3	9	S	Orthopaedic, Thoracic Surgery and Gynaecology
G 31	3	-	1	2	3	9	S	General Surgery - Urology
G 32	3	-	1	2	3	9	S	General Surgery
G 33	3	-	1	2	3	9	S	General and Vascular Surgery
G 34	3	-	1	2	3	9	S/M	General Surgery, Renal Medicine and Surgery
G 36	3	-	1	2	3	9	M	General Medicine
G 37	-	-	-	-	-	-	M	Neurology, Gastroenterology and Endocrinology
G 38	3	-	1	2	3	9	M	General Medicine
G 39	3	-	1	2	3	9	M	General Medicine /Gastroenterology and Dermatology
G 23) 24)	5	-	-	-	-	-		Intensive Care Unit
G 25) 26)	5	-	-	-	-	-		Coronary Care Unit

* M = medical ward S = surgical ward

5.34. To quote again the Deputy Principal Nursing Officer - Education at the Sir Charles Gairdner Hospital School:

> The effects of shift work, high stress clinical environment, the learner being an essential member of the work force, and the ratio of learners to clinical instructors all mitigate against optimum learning taking place during this type of educational experience.

5.35. In summary, the program is dominated by the need to have three groups of students beginning the program at different times of the year and progressing with their study and clinical periods in such a manner as to ensure that wards are staffed by a mix of registered nurses and trainees without causing undue stress on the trainee nor causing undue patient risk. The Committee was informed that similar problems exist with each of the other hospital based programs. The Committee's analysis of hospital based programs is given later in this Chapter.

5.36. The bulk of the program is taught by staff of the School of Nursing, although visiting experts provide some lectures. These are fifteen nurse educators (that is, nurses who, in addition to their professional knowledge and practice of nursing, have studied education through a degree or a diploma program and undertaken a form of teacher preparation) and sixteen clinical instructors (that is, nurses who are based primarily in the wards of the hospital to supervise and teach the students who are gaining clinical experience in that ward). Such instructors are expected to have had at least four years post registration experience, including recent experience in an acute care hospital, and in addition, have been in charge of a ward and, where appropriate, to have undertaken a post basic program in a nursing specialty area.

5.37. Of the present fifteen nurse educators, all are registered general nurses; seven are double certificated (registered nurse plus registered midwife or registered mental health nurse); twelve hold bachelor degrees and of these, one has a Masters degree and is studying for a doctorate; two of the three without degrees at present are undertaking such study; each of the fifteen has at least one, if not two, post basic diplomas or certificates and three of the degree holders are studying for a postgraduate diploma.

5.38. The Committee noted that the registration of nurses is dependent on students obtaining a certificate of eligibility from their school of nursing to sit the examinations of the Nurses Board and successful passing of those examinations. Although reference is sometimes made to "Hospital Based Diplomas", the hospital does not make an academic award which is recognised either for employment or for academic credit. The meaningful credential is the registration by the Nurses Board as without this the person cannot practise as a nurse.

The Issues in Relation to Hospital Based Programs

5.39. The hospital based program has been the traditional method of training for nurses in Western Australia over the last century. Nurses recognise that Western Australia has been advantaged in

the provision of nursing programs because training has been confined in a small number of hospitals with Schools of Nursing as compared with other States. The Nurses Board of WA has set and maintained a consistently high standard of nursing programs which has facilitated the provision of a predictable calibre of registered nurses in Western Australia. This Committee, however, recognises that the hospital programs suffer a variety of difficulties, particularly when viewed as educational programs. Most arise out of the domination of the service component in the training programs.

5.40. The Committee has examined the issues which arise from hospital based programs under the headings of patient care, clinical experience, theoretical study component of the program, student role, deployment of graduates, teaching staff, and service needs. These are discussed below.

Patient Care Component

5.41. A significant component of patient care is provided by students of nursing in hospitals. Beginning students become part of the nursing workforce after an eight to nine week introductory block. As part of the workforce they provide patient care under the direction and supervision of registered nurses. As they progress through their training students nurses provide patient care of increasing complexity. The amount of supervision required and provided diminishes as they progress. Many submissions expressed concern that so much nursing care in hospitals is delivered by learners. For example, one submission (Sir Charles Gairdner Hospital Nursing Administration) stated that beginning students "require constant supervision and reassurance and they are therefore of limited use to nursing service."

5.42. This Committee has also been worried by this issue. It considers that patients have the right to expect and receive care from qualified staff.

5.43. Whilst student nurses are part of the workforce they are providing less of the care which is needed by the patient than students provided in earlier times. The then Director of Nursing from the Royal Perth Hospital stated in her submission:

> The nursing workload at Royal Perth Hospital has changed markedly over the last nine years, becoming technically more difficult. A far greater proportion of the work now has to be performed by the registered nurse. To give one example - over the past two years, continuous opiate infusions have replaced intramuscular injections to control post-operative pain and intractable pain in malignant disease. Intramuscular injections may be given by student nurses; a student nurse is not even allowed to fill the burette during an opiate infusion without the direct supervision of the registered nurse. Antibiotics are now largely given by the intravenous and not the intramuscular route. Total parenteral nutrition is used in place of nasogastric tube feeds. Cytotoxic therapy is given by intravenous infusion.

5.44. The study component of the student program cannot be consistently linked to meet the demands of service and patient care because students of nursing are required to provide service in most areas in the hospital throughout the three year program.

Clinical Experience

5.45. As stated earlier, major teaching hospitals in Western Australia are highly specialised; they provide care for a large number of patients with urgent, specialist, complex or unusual health problems. As such they provide experience of limited use to junior student nurses in care of the more common and usual health problems in the community. Nevertheless student nurses are required to be rostered to more specialist areas to provide service and this is not always congruent with their level of training. These specialist areas provide very relevant experience for senior and post basic students.

5.46. The program is increasingly unable to cope with the changing demands placed on the student nurse in the acute care hospital setting, for example, theoretical study seldom precedes clinical

experience in an area and students are required to provide care for which they have received inadequate theoretical preparation as illustrated earlier in this Chapter.

5.47. The focus of student nurses in practice is on tasks and procedures as they must be useful to service. There is often needless repetition of some tasks and underpractice of others which does not support an educational program. This focus on tasks reduces the transference of knowledge across subjects which is the hallmark of an integrated educational program. Principles and problem solving skills cannot be educationally developed.

5.48. Service demands influence clinical placements more than the students' current learning needs and this leads to educationally inappropriate utilisation of available clinical placements. Some clinical placements are well used but this still places pressure on permanent ward staff due to the frequent movement of students from one ward to another (for example, every six to eight weeks).

5.49. It was suggested to the Committee that inadequate supervision is provided during clinical experience, for example, clinical instructors are not available for twenty four hours a day, seven days a week, but there will always be some student nurses working these hours.

5.50. The Committee welcomed the efforts of the Health Department, over the last five years, to increase the ratio of qualified staff to students in hospitals and the Nurses Board action in 1984 to increase the clinical instructor ratio to students from 1/15 to 1/12. However, the Committee notes that it is unusual for clinical instructors to be present with students on all shifts; therefore, the Committee recommends

RECOMMENDATION 5(2): That hospital schools of nursing arrange the duties of clinical instructors so as to provide supervision and teaching of

student nurses on all shifts and as necessary appoint additional instructors to enable this to be achieved.

Theoretical Study Component

5.51. The students receive intense instruction in relatively short study blocks and this limits their opportunity either to absorb the content before new material is presented or to consolidate their learning. Because of the limited study time available to student nurses there are difficulties in teaching the sciences in depth with understanding of the theory and principles; students are forced, instead, to concentrate on applied skills in order to meet the service requirements of the hospital.

5.52. Behavioural Sciences are not adequately covered by comparison with Biological Sciences and Nursing Studies. The hospital based program can devote only limited time for students to develop the related assessment and interactional skills, and supporting knowledge base, essential to provide the total physical, social and emotional care of patients.

5.53. Limited time in study blocks restricts the opportunity for students to practice nursing skills in a safe learning environment before being exposed to patients in the real life situation. When students practice these skills on patients they may not be adequately supervised, especially on evening, night and weekend duties. This adds to the pressure on qualified staff, and the stress for student nurses in patient care areas.

Student Role

5.54. Student stress is high because student nurses are required to provide service in nursing areas for which they have received limited theory and practice in the required skills.

5.55. The students work for forty hours a week either in study blocks or in the clinical situation. Case studies, assignments and study for examinations are undertaken over and above the forty hours service to patient care. This is compounded by their responsibilities for patients, frequently with acute illnesses.

Deployment of Graduates

5.56. In the past, hospital based programs have very adequately prepared nurses to deliver patient care which was mainly provided in hospitals. Nowadays, acute hospital care reflects the rapid increase in health technology. The indications are that nursing roles in the community (such as occupational health, community health, domiciliary care and palliative care nursing) will expand rapidly.

5.57. In the community the nurse is a primary care giver and must be able to independently assess and provide for community and client needs. The hospital program because of the service demands can not provide the foundation preparation for graduates to work in community nursing roles.

5.58. The program does not lead to an academic qualification. Consequently, costly to both the nurse and the education system, a bridging course is required at the undergraduate level to equip the nurse for further study in a higher education institution. The program leads to a qualification which is inferior in academic content and in status to the qualification held by other members of the health team.

Teaching Staff

5.59. Nurse educators place heavy reliance on didactic methods of teaching in the classroom because alternative teaching strategies usually require more time than is available to them. Educators express concern and frustration at the impossibility of achieving an educationally sound program when theory cannot be correlated with practice as service demands outweigh the students' learning needs.

5.60. A number of submissions stressed the desirability of nurse educators maintaining their clinical patient contact which is made difficult because three intakes a year, with two four to nine week study blocks a year for each intake, do not permit time to follow students into the clinical area. Clinical supervision is undertaken by clinical instructors who have no role in the theoretical study block.

Service Needs

5.61. Nurse administrators have the responsibility of maintaining an adequate staffing level in nursing units. This is compounded by the use of student nurses in the workforce. The committee's visit to Fremantle Hospital highlighted the difficulties associated with staffing the hospital with an appropriate number and ratio of registered and student nurses. Student nurses move from one nursing area to another every six to eight weeks in order to meet the clinical requirements of the program. This creates the need for an orientation to a nursing unit every time there is a student move. In the event of absenteeism of student, enrolled or registered nurse, a registered or enrolled nurse must be moved to fill the gap.

5.62. The Committee noted the pressures for a reduction of the 40 hour weeks for nurses to a 38 hour week. If this reduction does occur, as it has for enrolled nurses, then this will have significant implications for the three year hospital program. As employees, students will be granted the shorter week; consequently, there will be the loss over the whole program of approximately six weeks of training time. As it is unlikely that the present program can be compressed by this amount, extension of the course into a fourth calendar year appears likely with consequential additional costs of salaries over that six weeks to the students at the fourth year rate ($273.00 per week)*, as well as extra staffing costs for nurse educators and clinical instructors. The shorter working week will also increase the numbers of nurses required to staff hospitals and compete with one of the thrusts of this report which is proposed later, that is, the gradual replacement of student nurses by trained nurses.

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* refer to Appendix 5 for details of award rates.

Improvements to Hospital Based Programs

5.63. The Committee was aware that, although transfer of hospital programs to colleges of advanced education was advocated in many of the submissions, there would be some limitations, mainly due to finance, to the rate at which the transfer might be achieved. As a result the Committee examined the improvements which might be made to those nursing programs which remained in hospitals.

5.64. As stated earlier the problems of hospital programs arise largely as a result of their domination by service needs and the need to equip the student to provide safe care in the particular hospital setting. This domination is forced by financial rather than educational considerations. The submission from the Fremantle Hospital Board of Management pointed out the many improvements made to the nursing program in recent years. For example, the theoretical component had grown from 1200 to 1600 hours; there had been an increase in the number of nurse educators with tertiary qualifications; the inclusion of technical procedures requiring a constant update in scientific knowledge and clinical expertise; the further development of communication skills; and extensions of the curriculum to include programs on death and the dying, palliative care services, legal and health issues. The submission went on to say:

> These changes reflect the limit to which this Hospital Based Program can extend. SERVICE NEEDS DO NOT ALLOW FOR ANY FURTHER EXTENSION OF TIME WITHIN THE PROGRAM, nor do service requirements always allow integration of the School of Nursing curriculum. STUDENTS SHOULD NOT HAVE TO COPE WITH PROVIDING SERVICE IN COMPETITION WITH LEARNING.

5.65. The Committee considered a number of options which would allow for improvement of the educational programs of hospital based nursing students.

that is, providing additional periods of time for the trainee to be supernumerary (that is, not being part of the workforce supplying service) by either extending the study blocks in the first year; or making the first year of study supernumerary; or making more than one full year supernumerary.

5.66. The Committee felt that each of these suggestions had considerable merit. However in each case, additional time without nursing service responsibility requires the hospital to employ additional staff to carry out those nursing duties. The assumption is that a second year registered enrolled nurse could be substituted for a first or early second year general nurse student. The weekly rates (at 6 April 1984) for a second year enrolled nurse were $288.30 and $183.50 for a first year student general nurse, that is, in addition to maintaining the student nurses' salary, the hospital would have to find an additional $288.30 for each week the student was given supernumerary status. With the considerable pressures on hospital budgets, it may not be possible to find such sums, particularly when other costs such as annual, sick and long service leave, workers compensation, payroll tax and miscellaneous costs such as uniforms and laundry are added to the difference in weekly wages.

5.67. The Committee was informed that the WA School of Nursing had examined the possibility of the first year of their program being a supernumerary year but this had been rejected by directors of nursing, principal nurse educators and hospital administrators on both financial and educational grounds and a concern that second year students from such a program would not be able to deliver the same level of hospital service as is currently provided by second year students.

5.68. The Committee was unable to assess the validity of the judgement on the level of service which might follow a supernumerary year but it could see that the costs of an additional 36 weeks supernumerary experience in the first year would have direct costs in excess of $498 000 per annum for the intake of 48

students of the two smallest hospital schools of nursing (Princess Margaret Hospital and Fremantle Hospital) for service replacement only without costs of extra nurse educators which might be needed if extra time was spent in the classroom. The annual cost would be double this at the Sir Charles Gairdner Hospital and three times this at the WA School of Nursing due to their higher intakes. By contrast, it would be reasonable to expect the WA Institute of Technology, or any other college, to be funded at a level of about $280 000 for 48 nursing students.

5.69. The Committee came to the conclusion that implementation of additional supernumerary periods would be a difficult financial decision. Nevertheless, the Committee recommends:

RECOMMENDATION 5(3): That the WA School of Nursing and hospitals with a school of nursing, examine the possibility of increasing the time under the control of the School currently made available within the student nursing program.

Option 2 - Introduction of a "Sandwich" Course

that is, alternation of long blocks of study with service periods, for example, six months study with six months service to establish a "sandwich" course.

5.70. While offering a number of possible educational advantages the cost of extending the study blocks to six months annually would be high. Additionally, the Committee was not convinced that a yearly program could be established which would maintain continuity of hospital staffing through the different clinical areas, particularly when annual leave entitlements were taken into consideration. Although the concept of sandwich programs has been useful overseas, the Committee was not aware of any successful adoption of this arrangement in nursing, or in any other discipline, in Australia.

Option 3 - Appointment of Curriculum Specialist

that is, appointing staff to hospital schools of nursing whose duty it is to revise and develop curricula, or who can release from teaching those with the specialist skills to do this, on a full-time rather than on a part-time basis as at present.

5.71. The Committee was impressed by the continuing efforts made in each hospital school of nursing to further develop the curriculum within the constraints placed on it. In most schools, this effort appeared to be heavily dependent on persons who had significant teaching responsibilities. The Committee noted how some educational institutions employ consultants on a full-time basis for brief periods to assist the revision, or evaluation, of curricula, or employ persons to release present teaching staff to allow them to work full-time on such revisions. The Committee commends this approach to hospital schools of nursing and recommends:

RECOMMENDATION 5(4): That the WA School of Nursing and hospitals with a school of nursing examine the possibility of revising, developing and evaluating curricula on a full-time basis; this work to be undertaken either by releasing from teaching duties those with appropriate specialist skills or by appointing consultants on a short term basis.

Option 4 - Study Support for Nurse Educators

that is, providing more study support for nurse educators to allow them to upgrade their educational and clinical qualifications and to maintain and improve their clinical knowledge and expertise.

5.72. The Committee noted with pleasure the number of nurse educators who were continuing to upgrade their educational qualifications through studies at either of the two universities or WAIT -

seeking postgraduate diplomas, masters degrees or, in one case, a doctorate or to undertake studies in a clinical speciality, for example, midwifery. The ability of these educators to undertake these studies is constrained, as it is for all other employees, by the demands placed on them in their employment. To the extent that partial or full release from teaching commitments can encourage these studies, the Committee would hope that hospitals can continue to provide such assistance. The Committee also noted the efforts of the R & I Bank, the Florence Nightingale Committee and the Health Department to provide financial assistance for nurses in general to upgrade their qualifications.

RECOMMENDATION 5(5): That the WA School of Nursing and hospitals with a school of nursing consider increasing the study support they currently provide for nurse educators to further upgrade their educational or clinical qualifications.

5.73. The Committee found it more difficult to identify the assistance given to nurse educators to maintain and upgrade their clinical knowledge and expertise. In fact one submission from a director of nursing was highly critical of the clinical skills being taught in the basic nursing program stating:

> ... At the end of her three years training, the student has less of the clinical skills required of the registered nurse than she used to have. She is in fact being taught in the classroom by nurse educators who never set foot in a hospital and would be unable to function clinically if they did.

5.74. The Committee considers that such a situation should not exist in any school of nursing. Each nurse educator should be able to make regular visits to clinical settings and participate in clinical service on a planned basis. The frequency and repetitive nature of the block program as discussed in paragraph 5.35 make it difficult for the nurse educator to get to the wards.

RECOMMENDATION 5(6): **That the WA School of Nursing and hospitals with a school of nursing make increased provision for nurse educators to maintain and improve their clinical knowledge and expertise.**

Option 5 - Technical and Other Support Staff

that is, appointing more technical and other support staff to set up laboratories and prepare audio visual and other teaching materials.

5.75. In its visits to hospital schools of nursing, the Committee found little evidence of the use of self paced learning materials. Nurse educators have little or no assistance in the preparation of audio visual and other materials for use in the instructional process. Such items can augment the learning process and the Committee wishes to encourage their further development. Additionally the Committee's attention was drawn to the increasing range of computer software available for instructional purposes on a variety of computer types. In particular, attention was drawn to the computer aided learning system PLATO, recently acquired by the WA Government. The Committee was not able to assess the relevance of these materials, some of which were originally prepared for the North American scene, but would wish to encourage schools of nursing to examine what is available and whether it needs to be adapted for Western Australian conditions. All of these matters would be greatly assisted if hospital schools of nursing were able to recruit technical and other support staff to enable nurse educators to concentrate on their teaching tasks.

RECOMMENDATION 5(7): **That the WA School of Nursing and hospitals with a school of nursing consider the appointment of technical and other support staff to assist the preparation of audio visual, clinical simulations and other teaching materials.**

Option 6 - Reduction of Class Contact Hours Within Present Blocks

that is, provide trainees with a reduction in class contact hours and extend the time available within the 40 hours per week for self directed or private study.

5.76. This would appear to be a desirable improvement in the present hospital program and would not have the same direct costs which supernumerary service (Option 1) would require. However, more than one submission stated that this would not be possible. For example, the Director of Nursing of a specialist hospital stated:

> Although there is frequent evaluation of the program with changes and modifications made, flexibility in balancing the students learning needs and the hospital services needs has almost reached its limit. Further development of the programs in any meaningful way will be expensive.
>
> Because students provide service after an introductory course of nine to twelve weeks, time to develop general nursing concepts is limited. Emphasis must be placed on specialist nursing practise to give them a survival kit to be able to function in the clinical area. This means that essential building blocks of learning are not being adequately acquired by the student; consequently remedial education must be incorporated in any subsequent teaching throughout the program and in post basic education. This piecemeal approach of necessity continues throughout the program. The best use of the 1500 learning hours under the control of the School is not possible.
>
> To keep pace with increasing knowledge and technical advances in nursing practise the theoretical program is being continually overloaded.

5.77. The Committee agrees that there is a tendency for the program to be overloaded and hopes that the additional expertise in curriculum which it recommends may assist in a reassessment of how the present emphasis on didactic learning might be reduced.

Option 7 - Additional Clinical Instructors

that is, increase the number of clinical instructors and ensure that instructors are present throughout all shifts seven days a week.

5.78. The Committee's consideration of this matter was given earlier in this chapter and attention is drawn to Recommendations 5(2). Action along these lines would be in the best interests of the patients, assist the learning process, and reduce stress on students.

Option 8 - Additional Counselling

that is, use of full-time counsellors who can assist current students who may need special help with regard to their studies, and/or their personal life, and to assist them to cope with stress.

5.79. Many submissions referred to the stress prevalent in the nursing profession due to the nature of the role of the nurse in assisting the patient and the family and friends of the patient through traumatic experiences as well as the stress due to the responsibility of the nurse for the nursing procedures decided upon by the health team, and for those taken on in the nurse's own right. Additional counselling to students may help them cope with studies, personal life and/or stress and lead to avoidance of burn-out or resignation during training. Such outcomes can only be of benefit to the individual, the hospital and the community at large. Counselling assistance should be unobtrusive and counselling help located where the student can go without staff and other students becoming aware of the approach being made.

RECOMMENDATION 5(8): That the WA School of Nursing and hospitals with a school of nursing consider the use of counsellors who can advise students who may need special help with regard to their studies and to assist them to cope with stress.

Option 9 - Contracting of Teaching with a College of Advanced Education

that is, contracting of some teaching (a) using staff from a college of advanced education; (b) having students attend a college of advanced education with the hospital school paying the College for this service.

5.80. The Committee examined this option in some considerable depth as it had been recommended by the Sax Committee as an important option for the improvement of hospital programs of nursing. It was made clear to the Committee that such an option had been examined in varying degrees of detail by hospital schools of nursing throughout Australia.

5.81. The Committee was informed that no such arrangements had been made in Western Australia although the WA School of Nursing and the WA Institute of Technology had explored this possibility at length. A major factor in deciding not to proceed with these arrangements had been the costs involved. The Committee sought advice from the WA College of Advanced Education and the WA School of Nursing as to what might be done in the way of contracting between these two institutions. The Committee arranged for a joint meeting with the Secretariat of persons from the two institutions in an effort to determine the practicability and costing of contracting some units in behavioural sciences and in the biological sciences. While it was impossible to obtain directly comparable figures as to the cost of providing such units in the biological and behavioural sciences in the WA College and the cost savings to be offset within the WA School of Nursing were this to proceed, the indications were that the costs to the WA College would be much higher than the savings to the WA School of Nursing.

5.82. The Committee seriously questioned the practicability of achieving educational benefits from such an arrangement. As indicated in the weekly schedule for hospital based students (Table 5(8)) the timetable would need to be drastically altered to ensure that a minimum of time was not lost in travelling to the college (particularly since in the hospital school setting

such travelling would be within the 40 duty hours and at the cost of the hospital). Bringing the college lecturer to the School of Nursing would overcome such difficulties for the School but not bring the benefits of the multidisciplinary institution. The representative of the WA College indicated that if contracting were to occur it would probably be necessary for staff to be appointed for this specific purpose.

TABLE 5(8): WEEKLY SCHEDULE FOR HOSPITAL BASED STUDENTS

WEEK: 4

P.T.S. 2/84 UNIT 1 CO-ORDINATOR M. Byrne

	DAY 16 9.7.84	DAY 17 10.7.84	DAY 18 11.7.84	DAY 19 12.7.84	DAY 20 13.7.84
0800	NURSING 31 Class Hygiene needs of a patient MB	BIOLOGICAL SCIENCE 21-22 Anatomy & Physiology TJ	BIOLOGICAL SCIENCE 23-24 Anatomy & Physiology TJ	CLINICAL EXPERIENCE	PROGRESS TEST 4
0900	MICROBIOLOGY 11 Class Microbiology MS				NURSING 41 Complications of Immobility MB
1000		10am. Coffee with Clinical Instructors	10.15 - 11 am. PRIVATE STUDY IN THE SCHOOL OF NURSING UNLESS OTHERWISE STATED.		
1100	NURSING 32 Class Hygiene needs of a patient MB	BIOLOGICAL SCIENCE Nutrition	NURSING 35-36 Nutritional needs of a patient MB	BIOLOGICAL SCIENCE 25-26 Anatomy & Physiology TJ	NURSING 42-43 Complications of Immobility. MB
1200	MICROBIOLOGY 12 Class Microbiology MS	MB			
1300					
1400	NURSING 33-34 Steps of the Nursing Process	CLINICAL EXPERIENCE	NURSING 37-38 Care of a patient with a) nausea and vomiting	NURSING 39-40 Care of a patient with constipation	BEHAVIOURAL SCIENCE Sociology
1500	Evaluation JH		b) diarrhoea JL	Administration of suppositories and enemata JL	CBR
1600					

THE PERIOD BETWEEN 1600-1700 hours is for private study or use at the educator's discretion.

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5.83. Even if costs were not a factor, the educational benefits of contracting would be dependent on a comparison of the quality of the college staff member and that of the hospital school. Prima facie the nature of the employer would be irrelevant to such a comparison. The probability is that the higher salaries offered in colleges of advanced education would allow the selection of higher academically qualified persons but such persons may not have the detailed hospital/nursing background to ensure the necessary correlation of the teaching matter with the needs of students. The nurse educator in the hospital school, on the other hand, is likely to be very proficient in the hospital/nursing area and may be deficient in depth, by comparison, in the science/social science studies. The probability is that the latter is more likely to be able to overcome the deficiencies in science and social sciences than the college lecturer is to gain an understanding (or qualify) in nursing. This is evidenced by the efforts of nurse educators to enhance their qualifications by undertaking Arts and Applied Science degrees or postgraduate studies.

5.84. The costs of contracting are exacerbated by the size and frequency of hospital intakes (which are determined by service needs and an inability to place large numbers of commencing students simultaneously on wards) which do not give the economies of scale possible in a college of advanced education with large intakes once a year. As stated in a letter to the Committee from the WA College when providing an estimate of a budget for contracting

> ... estimating a budget has proved extraordinarily difficult because delivery of the Nursing School course is dictated by the demands of hospital service which, we understand, require three intakes per year of about 50 students each, and a termly pattern of six to eight weeks of intensive teaching followed by some seventeen weeks of clinical experience. This pattern of teaching is quite different from that used in the WA College, and suggests that additional staff would have to be employed. Moreover, the academic year of the Nursing School is quite different from, and longer

than, that of the College, which may imply teaching and technical support staffing over the summer period.

5.85. The Committee also noted that contracting has been tried in New South Wales and found to be the most expensive option. The concept has also been rejected in South Australia. The Committee concluded that contracting of teaching was not a method of upgrading hospital schools of nursing to be recommended.

Option 10 - Accreditation of Hospital Programs by the WA Post Secondary Education Commission

that is, the review by the WA Post Secondary Education Commission of the current, or improved, programs offered in hospital schools to see if they meet the criteria agreed upon by the Australian Council of Awards in Advanced Education for registration as a diploma in Applied Science.

5.86. This option was also one recommended by the Sax Committee. However, in the six years since that Report was released not one hospital school program has been registered. Three national organisations, the Royal Australian Nursing Federation, College of Nursing Australia, and the Florence Nightingale Committee, rejected this option as it would still leave the nursing profession outside of the mainstream of health professionals prepared in tertiary education institutions.

5.87. The Committee considered that present hospital based programs would not meet the criteria laid down by the Australian Council of Awards in Advanced Education. To meet those requirements, there would need to be an extensive re-organisation of the program and, as such, accreditation would be an exceedingly expensive option as it would require much more time in the classroom situation and in a supernumerary role within the clinical setting.

5.88. The Committee concluded that accreditation of hospital programs as diplomas of Applied Science by the WA Post Secondary Education Commission was not a viable option to be considered further.

Option 11 - Identification of an Education Budget for a School of Nursing

that is, the allocation either by the hospital or the Health Department of an annual budget for the recurrent and capital costs of each School of Nursing.

5.89. The Committee saw many benefits which had accrued to the WA School of Nursing as a result of it having an identified budget. With such a budget it had an increased ability to organise its staffing and curriculum and to select clinical experience with educational objectives as the top priority. The Committee was unable to obtain information as to the budgets of schools of nursing within hospitals and discussions with hospital administrators confirmed the difficulty in establishing the costs of providing nursing education programs. The development of a budget for the schools of nursing within hospitals would enable nursing education administrators to plan their program more effectively and provide evidence to hospital Boards of Management, to the Health Department, and to Government of the need, where necessary, for additional funds for particular improvements. Such information would also assist further consideration of the transfer of nursing programs from hospitals to tertiary education institutions.

RECOMMENDATION 5(9): That the Health Department and Boards of Management of Hospitals with Schools of Nursing have explicitly identifiable annual financial budgets for Schools of Nursing for capital and recurrent purposes.

that is, persons wishing to enter a nursing program being able to submit one application form to a single centre and in that form indicate the order of preference for each school of nursing.

5.90. Although not contributing to the educational program as such, the concept of a joint applications centre to enter nursing would have considerable benefits to potential students as well as the administration of schools of nursing.

5.91. At present, a person has to make a separate application to each hospital school of nursing, each of which tends to have a long waiting list of applicants. When vacancies occur, each eligible person to be offered a place has to be contacted. In many cases that person may have already received and accepted a place at another school of nursing. The waiting lists are unreliable indicators both to the potential student, to the school of nursing and to the planners, in that many names are duplicated on different tables.

5.92. The benefits of a joint applications form have been successfully demonstrated by the two universities and colleges of advanced education in Western Australia which have worked through the Tertiary Institutions Service Centre (TISC).

5.93. All new entrants to higher education undergraduate programs (whether they be Year 12 students or mature age persons) are expected to fill in a form which is processed by TISC. The institutions themselves make the decisions as to which persons meet their entry requirements and are admitted to the available course and institution of their highest preference. Through coordination by TISC, chances of meeting a particular student's preference is maximised. Institutions can avoid making an offer to a student who has already accepted a place elsewhere. This is of benefit to the student, and to others who otherwise would suffer a delay before the institution knew it still had a vacancy and could make an offer to the next ranked candidate.

The costs of the applications process is borne by the participating institutions. The Committee considers that many benefits would flow if hospital schools of nursing were to be included in the TISC process along with the universities and colleges. It was pointed out that many Year 12 students interested in a health oriented profession already make application for admission through TISC (for example, at WAIT in say, nursing and the therapies) as well as to hospital schools of nursing and such persons would be helped if this could be done on the one application form. Additionally, the WA Post Secondary Education Commission and other planners would have more comprehensive information as to the preferences and destinations of Year 12 leavers and mature age adults. Clearly, because of the multiple intakes during a year into hospital schools, the TISC type system would need some modification to meet the needs. The Committee commends an examination of the possibilities of using the TISC system and, if this were not to be suitable, the Committee would urge that the hospitals schools of nursing establish a joint applications process perhaps with the aid of the Nurses Board.

RECOMMENDATION 5(10): That the WA School of Nursing and hospital schools of nursing examine the feasibility of using the joint applications process provided to higher education institutions through the TISC to streamline entry to schools of nursing.

COLLEGE BASED NURSING PROGRAMS

Education Program of a College Based School of Nursing

5.94. The present three year pre-registration course conducted at WAIT leads to a diploma in Applied Science which can be upgraded to bachelor degree status with an additional semester of study following a minimum of six months experience as a registered nurse.

5.95. The program contains 50 per cent each of clinical and theoretical material. An outline of the course objectives, study units, the major concepts covered and the contact hours for each unit is included in Appendix 8.

5.96. The major disciplinary areas covered by the course are as follows:

Nursing Studies

A body of knowledge specific to nursing which provides a theoretical basis for the nurse to function at a beginning level in any setting.

Nursing Science

Aspects of biological and behavioural sciences as they apply to nursing practice.

Nursing Skills

Units designed to achieve competence in those aspects of nursing practice required for beginning registered nurses.

Behavioural Science

Units designed to assist the student to understand psychological, sociological and cultural processes common to individuals, groups and communities.

Human Biology

Common core units offered to all first year students enrolled in the Division of Health Sciences.

Nursing

Units providing clinical learning experiences related to the above units in a range of community and hospital settings.

5.97. Students commence clinical experience in their third week of their first year and weekly contact with the clinical area is maintained throughout the course supplemented by "blocks" of continuous experience at the end of each semester. As the course progresses the initial focus on theoretical material gradually shifts to clinical experience until in the students' final semester 85 per cent of the 33 hours per week contact time is spent in the clinical area.

5.98. Clinical experience is obtained in a variety of settings, both hospital and community, with the students placed in a supernumerary status. The students are accompanied in these placements by nursing faculty who have been involved in teaching the associated theoretical material. These staff are involved in the planning, organising, supervision and evaluation of students' learning in clinical and field experiences. This practice encourages close correlation between theory and practice. In specialised areas (that is, operating room nursing) specialist resource persons are responsible for WAIT students on a "joint appointment" arrangement. ("Joint appointment" refers to a financial arrangement between the educational institution and a health service agency whereby the agency is reimbursed for the amount of time a staff member is seconded to supervising the students in a clinical area. During this period of time the staff member is relieved of the usual hospital role responsibilities).

5.99. Although the major proportion of the program is taught by nurses or behavioural scientists from the School of Nursing, a significant proportion is taught by staff from the School of Medical Technology and Department of Human Biology. Additional specialist lecturers from other areas within WAIT or from the community are utilised as appropriate. Of the present 21 faculty in the School of Nursing, all have obtained a first degree, 17 have additional teaching qualifications, seven hold higher degrees, and nine are presently enrolled in higher degree programs.

5.100. Theoretical material is taught in lecture, tutorial or laboratory situations as appropriate. A variety of teaching strategies are utilised, to impart knowledge and develop the appropriate attitudes and skills. Assignments have a practical orientation and wherever possible are directly correlated with the current clinical placement. In recognition of the professional requirements of the graduate, self directed learning is emphasised, particularly in the final year.

The Issues Relating to College Based Programs

5.101. The Committee recognises the distinct advantages of a higher education setting for nursing students but wishes to indicate that it also realises that there are concerns and identified or potential problems associated with this mode of study. These were indicated in submissions, visits and interviews.

5.102. Concern was also expressed that the staffing and clinical placements that now exist in respect to the college programs may not persist in the future. In view of this concern, the Committee proposed that in the transfer of hospital based nursing education to higher education institutions, a number of essential features be incorporated or maintained in present or future programs. Refer to Recommendations 5(11) to 5(25).

Consumer Advantages of the College Program

5.103. Responsibility for patient care rests directly with the registered nurse.

5.104. Nursing care by students is provided under the supervision of qualified teaching staff.

5.105. Students are only assigned nursing care in which they have received theoretical and practical instruction prior to clinical assignment.

5.106. Students are assigned to care for selected patients, not to perform isolated tasks, thereby encouraging care of the total individual.

5.107. This development of a holistic approach to individual care is further encouraged by the broader and deeper theoretical base of nursing studies available in the college programs.

College Students

5.108. Correlation of theory and practice is readily achievable since students' learning needs have priority; there are no service demands placed upon them and they are additional to the allocated workforce.

5.109. There is considerable program flexibility allowing the utilisation of a variety of clinical facilities, teaching strategies and opportunities to develop problem solving and decision making skills.

5.110. Education is undertaken in a multidisciplinary institution which provides opportunities for nursing students to interact in the classroom, clinical areas and socially with students from other disciplines. This interaction encourages an understanding of other roles and points of view as well as developing confidence and team skills. This potential advantage could be capitalised on to a far greater extent than it is at present in program planning.

RECOMMENDATION 5(11): That higher education institutions capitalise on their multidisciplinary nature with combined activities relating to health care concepts being conducted both on campus and in clinical placements with students from other disciplines.

5.111. Concern has been expressed that having nursing programs in colleges will lead to an undue academic emphasis. This has not occurred in the WAIT program because of a number of factors. The length of the program (three years), the Nurses Board requirements for clinical experience, and an educational commitment to the value of clinical practice has prevented such an undue emphasis developing. The Committee noted that in the ten years the WAIT program has been in existence, the clinical experience has been maintained at 50 per cent of the program hours.

RECOMMENDATION 5(12): That future programs in nursing maintain an even balance between clinical experience and academic content.

RECOMMENDATION 5(13): That in any higher education institution providing nursing programs, these programs be conducted in a Department/School/Faculty under the direction of an individual with suitable academic and nursing qualifications, supported by a strong Advisory Committee with representation from the nursing, health and education sectors.

RECOMMENDATION 5(14): That in any higher education institution providing nursing programs, emphasis must be placed on the essential liaison between the nursing education and service sectors through the advisory committee, clinical and professional involvement of faculty and joint appointments of staff by higher education institutions and teaching hospitals.

5.112. The Committee noted that selection of students for college programs is processed through the Tertiary Institutions Service Centre. It believes that all applicants should have access to adequate information and counselling on course structure, course requirements and role of the nurse.

RECOMMENDATION 5(15): That in any higher education institution providing nursing programs, adequate provision be made for prospective student counselling and information on course structure, course requirements, and the role of a nurse.

5.113. Concern was expressed by several members of the Committee that there will be inadequate clinical experience for all nursing students once the transfer is effected. Other members did not

share this concern, provided that the utilisation of the available clinical placements is rationalised between the educational institutions involved. To ensure that this rationalisation occurs, the Committee recommends:

RECOMMENDATION 5(16): That the Nurses Board establish a Committee to coordinate and rationalise the allocation of clinical placements in health agencies amongst the higher education institutions. Members of this Committee should include representatives of the Health Department, major teaching hospitals, community health agencies and the relevant tertiary education institutions.

5.114. At present, there is only one student intake per year (February) into college based programs. Although this is the predominant college entry pattern there are several resultant problems. Those students who fail units in one semester which are pre-requisite units for those in the following semester, have to wait until the following year to repeat the unit, thereby increasing their course to four years. With two intakes a year, a semester system would operate allowing students to repeat failed units in the following semester, thereby reducing costs for the student and wastage rates. With increased numbers in college based programs, more economical use of clinical placements would also be possible with a mid-year intake. Two graduating classes annually will be beneficial in maintaining a stable supply of qualified nursing personnel.

RECOMMENDATION 5(17): That any higher education institution providing nursing programs do so on the basis of two intakes a year on a semester system.

5.115. The restricted financial support available to tertiary students potentially limits access to potential applicants from lower socio-economic groups. This issue is discussed in Chapter 4.

Graduates of College Programs

5.116. The curriculum prepares graduates who can function as first level practitioners in both hospital and community settings. While maintaining due emphasis on the knowledge and skills required to function in a hospital setting, an orientation to health and the development of practical skills in health promotion and prevention of illness is included.

5.117. As a result of this, preparation for clinical specialisation at post graduate diploma level does not require expensive additional preparation at the undergraduate level as presently is required in "bridging courses" for graduates from hospital based programs.

5.118. Tertiary education enables nurses to enjoy colleagial status with other professionals. This ensures that nurses can make their contribution to the health decision making process.

5.119. Concern has been expressed by a few individuals that college graduates may be reluctant to perform basic nursing care tasks. Data from Western Australia studies of college graduates (3) as well as comments in a number of submissions do not provide support for this concern.

5.120. The college programs do not prepare students to work as registered nurses in any one particular hospital; that is, the curricula are not "institution specific". Due to the variety of clinical placements experienced during the program, graduates demonstrate flexibility and ability to adjust to new environments. However, studies such as Kratz (4) indicate that support is required in the first few months following graduation. This reinforces the need for orientation programs for graduates of all nursing programs as discussed in Chapter 6.

5.121. For a variety of reasons, college graduates are eager to enter the nursing workforce as soon as possible and a high percentage to date have stayed in Western Australia in the initial years following graduation.

5.122. Staff teach in both classroom and clinical settings, thereby gaining the opportunity to maintain clinical skills. However, the heavy weekly teaching loads generated by this approach do not allow staff to practice in their clinical speciality free of the responsibility of student supervision.

RECOMMENDATION 5(18): That higher education institutions providing nursing programs ensure that teaching staff who are registered nurses are involved in both classroom and clinical teaching in order to enhance correlation of theory and practice, and maintain clinical skills; and that clinical supervision not be downgraded in the calculation of teaching loads.

RECOMMENDATION 5(19): That higher education institutions providing nursing programs adopt promotional procedures for nursing faculty which give due regard to classroom and clinical teaching skills, clinical practice and involvement in professional activities.

RECOMMENDATION 5(20): That higher education institutions providing nursing programs ensure that provision is made within staff members' work load for opportunities to maintain and further develop clinical skills in their area of specialisation.

RECOMMENDATION 5(21): That higher education institutions providing nursing programs investigate the wider utilisation of "joint appointment" with hospitals and health agencies of teaching and clinical staff. (Refer to Recommendation 5(14)).

5.123. Given the relative recency with which the college program has been established within the WA Institute of Technology (WAIT) combined with uncertainty over continuity of funding for the 60 State subsidised students, a higher percentage of staff in the WAIT School of Nursing are employed on a contract basis than in other Schools. In addition, WAIT policy prevents renewal of contracts beyond five years. This leads to a significant turnover of staff at the lower levels thereby creating problems in consolidating and developing the program. Concern has also been expressed by these contract staff that they will be disadvantaged relative to nurse educators transferring to college programs.

RECOMMENDATION 5(22): That WAIT review, prior to the 1985 academic year, the status of the present contract teaching staff of the School of Nursing to ensure that such staff are not disadvantaged in the expansion of the size of the School as recommended later in this Report.

RECOMMENDATION 5(23): That WAIT review the application of the Institute wide ratio of contract teaching staff to tenured staff to its School of Nursing with a view to achieving that ratio as rapidly as possible.

RECOMMENDATION 5(24): That new higher education institutions introducing a nursing program, ensure that there is a significant proportion of teaching staff with tenure.

Level of Award to College Graduates from Pre-Registration Nursing Courses

5.124. Within the nursing profession there has been a strong call to convert nursing programs now offered at diploma level to bachelor degree status. The diploma course at WAIT was originally planned to be offered as a four year degree level program but the then Commission for Advanced Education refused to fund anything more than a three year diploma. WAIT re-arranged the degree program into three years and the course was accredited at that level. However, in 1976 the Commission for Advanced Education refused to accept it at bachelor level. The program was then modified and the compromise arrangement has been to offer a three year diploma with the possibility of converting to a Bachelor of Applied Science in Nursing after a minimum six month period of experience as a registered general nurse and then one semester's additional study.

5.125. Since 1981 members of the nursing profession in their document, "Goals in Nursing Education" have stated that the appropriate level of award for pre-registration nursing programs conducted in higher education institutions should be bachelor degree. Thirty-six submissions to the Committee supported this view.

5.126. The general nursing profession sees a number of advantages to a proposal to upgrade the diploma program.

- A four year comprehensive program would prepare graduates to function at beginning level in any setting.

- Nurses would be educated to a level equal in context and status to other health workers such as physiotherapists, occupational therapists, dieticians, medical technologists, podiatrists, social workers and speech therapists.

- Students would have the opportunity for more theoretical and clinical instruction.

. With new nurses completing a degree level program, the need for bridging and conversion programs would be reduced. At the same time, the number of nurses qualified to undertake post graduate study would increase.

5.127. The Committee understands that a proposal of this nature requires a lengthy period for consideration amongst the many bodies involved. It also recognises the cost implications of a four year course. The Committee is aware that events now taking place at the national level could influence the nature of these deliberations.

5.128. The CTEC Report for the 1985-87 Triennium, Volume 1, recommended that a full scale review of the system of advanced education courses be undertaken including the relevance of diploma awards and the criteria for determining the length of degree level courses. In effect, a moratorium has been placed on lengthening of current awards. The Committee notes this review by the Advanced Education Council and recommends:

RECOMMENDATION 5(25): That the Western Australian Post Secondary Education Commission examine the issue of degree status for undergraduate nursing courses when the review of diploma and degree course awards is completed by the Advanced Education Council.

TRANSFER OF GENERAL NURSING EDUCATION TO HIGHER EDUCATION: A Phased Approach

5.129. The Committee examined the strengths and weaknesses of hospital based programs which were identified by the Committee through its study of submissions received, visits undertaken, discussions with interested and knowledgeable parties as well as analysis of hospital based programs such as that of the WA School of Nursing and the Sir Charles Gairdner School of Nursing described earlier in the Chapter.

5.130. Major strengths of the program include the close links between the employer (the hospital) and the student for the purposes of selection, relevance of curriculum and clinical experience to the employing hospital, the immediacy of the hospital setting to the student and the financial support available as a wage to the student. However, there were significant limitations in these programs and the Committee concluded that the present hospital based arrangements were not the best form of nursing preparation from the patients/clients point of view; from an educational perspective; or from the viewpoint of health care providers.

5.131. From the patient/clients viewpoint, the Committee was disappointed not to receive many submissions from groups who might have represented such people. Nevertheless, it was clear that some students may undertake procedures or give care for which they may not have been fully prepared and for which they may not be as adequately supervised as desirable. Clinical instructors have no control over the rostering of their students and thus have difficulty in providing the consistent supervision of the students allocated to them, whereas WAIT clinical instructors are on duty at the same time as their students.

5.132. Patients are not well informed, and perhaps do not know, that they are being cared for by a student. Jacqueline R Lublin, a Senior Lecturer in the Centre for Teaching and Learning of the University of Sydney in her Report to the Commonwealth Tertiary Education Commission reported on graduates of basic nurse education programs in colleges and pointed out that:

> Hospitalised patients are immersed in a sub-culture which in many respects is depersonalising and dependency-inducing so that when patients are additionally fearful and uncertain they may be less able to make balanced judgements and are consequently likely to be less critical and more adulatory of the care they receive.(5)

5.133. As such, the issue as to whether or not the "nurse" is trained or a student may not be significant to the patient other than in the standard of care actually provided. The Committee on its

visits was told that, in many wards in major hospitals, approximately half the nursing staff are likely to be trainees, not trained nurses.

5.134. By contrast the students from WAIT do not form part of the staffing level for the ward. They are supernumerary and may be withdrawn from that ward, without impact on safe nursing staffing levels in that ward, in order that they might profit from some other clinical occurrence which is relevant to their learning. On the other hand, during their extended periods of clinical experience a hospital based student has the opportunity to nurse many more patients from admission through to discharge; than college students. The continuous interaction with patients helps the hospital student to reinforce learning on the job; albeit in a rather stressful environment.

5.135. On educational grounds, evidence such as that given in paragraphs (5.29-5.34) showed how service needs limit the desirable linking between theory and clinical experience and force repetition of a number of tasks which do not contribute to the learning process. The Committee spoke with nursing students within hospitals and from the WAIT program. Many students of hospital programs, independently of each other, stressed the long hours required of them both in the study block where class contact (teaching plus tutorials) of 40 hours per week was required and in the clinical areas where additional study was needed in their free time to allow them to practice with some confidence in their particular clinical area. That hospital based nursing students do cope with this and do learn is a great tribute to them and to the care with which hospital schools of nursing plan, within the present limitations, to overcome the inherent weaknesses of the current style of training. A copy of the Sir Charles Gairdner Hospital School of Nursing schedule for one week of Unit 3 is shown in Table 5(9). In contrast, the WAIT students had a class contact load more consistent with other discipline areas at the Institute. This load was higher than many other courses but averaged about 25 hours/week.

5.136. From the viewpoint of the healthcare providers, the Committee received a number of submissions indicating the concern of Directors of Nursing in staffing their hospitals. In hospitals which have a school of nursing, the hospital budget has to provide for the salary of the trainee whether or not service is being given. With the weekly wage of a registered nurse (first year) being $312.20 and that of a student nurse (third year) being $253.30, the extra skill and legal responsibility which can be borne by the registered nurse makes such a person worth the extra $58.90 involved. Students were increasingly seen as less welcome in those hospitals without schools of nursing where such hospitals had to pay the trainees salary. Evidence of this was provided at the Royal Perth Hospital where fewer student nurses now receive clinical experience than in 1980 and where the Director of Nursing submitted:

> As the person responsible for the provision of nursing services at Royal Perth Hospital, I am increasingly concerned by the ever decreasing proportion of the nursing workload which can be undertaken by student nurses. The apprenticeship system, whereby students learned on the job those things which the institutions required them to learn, is breaking down.

BEST COPY AVAILABLE

TABLE 5(9): SIR CHARLES GAIRDNER HOSPITAL SCHOOL OF NURSING

SCHEDULE OF ONE WEEK

UNIT 3 P.T.S. 2/83 WEEK: 3

	DAY 23.7.84	DAY 24.7.84	DAY 25.7.84	DAY 26.7.84	DAY 27.7.84
0800	RESPIRATORY NURSING 5-6 Inflammatory diseases	GASTROINTESTINAL NURSING 11 Hepatic disorders JL	GASTROINTESTINAL NURSING Tutorials	BLOOD DYSCRASIAS 1 Review A & P Investigations BJ	PROGRESS TEST 3
0900	Pneumonia MB	VISITS GROUP Physiotherapy C Radiology D Resuscitation E Physio prac A C.V.P. Practice B	JL	VISITS GROUP Physiotherapy D Radiology E Resuscitation A Physio prac B C.V.P. Practice C	BJ
1000		10.15-11.00 Group B Closed gloving practice		10.15-11.00 group C Closed gloving practice	
1100	PERIPHERAL VASCULAR NURSING 1-2	GASTROINTESTINAL NURSING 12-13	RENAL NURSING 5-6 Nephrotic Syndrome	* PRIVATE STUDY OR TUTORIAL	RESPIRATORY NURSING 9-10 Ca of lung MB
1200	CBR	JL	Acute renal failure IL		Thoracic Surgery
1300					
1400	GASTROINTESTINAL NURSING 9-10 Biliary system disorders JL	PERIPHERAL VASCULAR NURSING 3-4 CBR	RESPIRATORY NURSING 7-8 Disorders of the pleura MB	GASTROINTESTINAL NURSING 16-17 Malabsorption Syndrome JL	RENAL NURSING 7-8 Chronic Renal Failure IL
1500					
1600					

* STUDENTS MAY STUDY PRIVATELY, OR ARRANGE WITH UNIT CO-ORDINATOR A TUTORIAL OF THEIR CHOICE. TUTORIALS LIMITED TO TWELVE STUDENTS PER SESSION.

5.137. The Committee examined the possibility of making certain improvements to remedy major defects of hospital based programs. The major defect is that the student is treated as (and is) an employee and is expected to provide service as part of the workforce of the hospital. Were this to change, then substantial improvements in hospital programs could be made. The Committee had to consider the balance between the extra costs to the hospital of reducing the service component of the training program, together with the educational benefits and the costs to tertiary education and the educational benefits if the program were to be transferred out of the hospital system. As described earlier, the Committee concluded that there were some worthwhile improvements which could be achieved in hospital programs at reasonable cost. However, as a result of the examination of the improvements which might be made to hospital programs and the costs involved, the Committee considered the possible transfer of nursing programs from hospitals to colleges of advanced education and/or to universities.

5.138. The Committee was aware that the general nursing profession, as evidenced by the majority of submissions is actively seeking the total transfer of nursing training into higher education institutions. The "Goals of Nursing" statement makes it clear that a generalist nurse should be prepared in such an institution and specialties, would be studied subsequent to the completion of the basic program. However, the mental health nurses in Western Australia have made it clear to the Committee that they do not seek an immediate transfer to colleges nor a generalist plus specialist restructuring of their program. In addition, the Committee was informed that from 1 July 1984, the training of mental health nursing had been transferred to the WA School of Nursing. As part of this transfer, the number of study hours is being increased and the curriculum upgraded. As a consequence of the above, the Committee agreed that the future of mental nurse preparation should be considered separately from that of general health nursing and the Committee's deliberations and recommendations on mental health nursing are given in Chapter 7.

5.139. The Committee considered the actions proposed elsewhere in Australia with respect to general nursing. Some detail of those actions were provided in the Advice of the Advanced Education Council to the CTEC (Volume 1 Part 4) of April 1984. At that time, all States were planning a considerable shift from hospital based to college based programs. New South Wales, Queensland and South Australia had adopted policies to make this a complete transfer to the college system but were adopting different timetables to achieve that result. New South Wales was moving for the total transfer to be achieved in 1985 with the aid of the transfer of State funds from the Health Commission to colleges of advanced education. The rate of transfer in other States was seen as dependent on whether the Commonwealth would provide funding to achieve the State targets. For example, South Australia had two options for the 1985-87 Triennium, that is, increases in college intakes of either 250 or 375 students, whilst Victoria wished to double the proportion of nurses being trained in colleges of advanced education in the same Triennium.

5.140. The Committee noted that the Advanced Education Council had expressed its target for basic nurse education in the advanced education sector over the Triennium as follows:

> By 1984 it is expected that there will be 1 200 EFTS in basic nursing courses in the advanced education sector. The Council believes that the target figure of 2 200 places by 1985 set by the Sax Committee would lead to a more appropriate balance between hospital-based and college- based courses over the triennium. The provision of 2 200 places in 1985 implies an increase in intakes in that year of the order of 1 000, the "pipe-line" effect of which would lead to an additional 2 500 places by 1987. By 1987 therefore a total of 3 700 places would constitute just under 20 per cent of all basic nurse education places.**(6)**

5.141. However, as described in Chapter 2, the Commonwealth Tertiary Education Commission itself did not accept this proposal and had recommended that growth of basic nurse education places be limited to 1 000 over the triennium 1985-87. The formation of the Inter-Departmental Committee referred to in Chapter 2 placed those places in abeyance. This Committee provided preliminary

advice of its conclusions to the Western Australian Ministers for Health and for Education which was accepted and formed part of this State's submission to that Commonwealth Committee.

5.142. The Committee concluded that a transfer of general nursing education to higher education institutions is desirable.

RECOMMENDATION 5(26): That the Western Australian Government confirm the policy as expressed to the 1984 Commonwealth Inter-Departmental Committee on Nursing Education (and which is consistent with recently announced Commonwealth Government policy) of the phased transfer of basic general nursing education from hospital based programs to higher education based programs.

5.143. However, the Committee recognised that the extent and rate of transfer will be influenced by a number of factors such as availability of Commonwealth resources for education, availability of buildings currently used by hospital schools of nursing, and access by disadvantaged groups, availability of nurses to replace service provided by students; but the Committee believed that it is in the best interests of all parties (employers, potential students, the profession and consumers) for such a transfer to be implemented in an orderly and progressive manner starting in 1985 and that resources should be provided to achieve the targets set out later in this Report. The Commonwealth Government's decision announced on 24 August 1984 confirmed this view.

5.144. The Committee noted that the present annual intake into nursing programs was about 440 students, or a total of about 1200 spread over the three year program. However, with the possible introduction of the 38 hour week, improvements in patient care provision and other changes in the future, the Committee envisages that annual intakes will need to rise above 500 and that planning should provide flexibility to cope with increased numbers as determined by the Health Department. The Committee considered that expansion of the WA Institute of Technology

program to cater for these numbers was both impracticable and educationally undesirable. It appeared that two schools of nursing could cope whilst intakes were of the order of 500 annually but beyond this the possibility of a third school will need to be examined.

5.145. In examining the alternatives, the Committee knew of the strong desire of the profession to have some nursing programs together with postgraduate degrees and research provided in universities. The Committee could see no philosophical reason why nursing should not be a discipline provided within a university setting and noted the submissions from both the University of Western Australia and Murdoch University which expressed interest in such developments. However, the Committee recognised the difficulties faced by both the University of Western Australia and Murdoch University if either were to enter this new field. These difficulties relate in part to the acceptance, or not, by the Universities Council of nursing as a discipline within the university setting but, perhaps more significantly, to the pressure on the University of Western Australia to limit its enrolment growth and maintain its current level of enrolments in a period of declining average funds per student. Nursing would also have to compete with a number of other new initiatives proposed within the University. As far as Murdoch University is concerned, growth in numbers is more likely to be able to accommodate nursing but discussions with senior staff at Murdoch indicated that the introduction of nursing would have to be seen as not to threaten resources to existing and other proposed activities.

5.146. The Committee considered that the development of a nursing program in a university is most likely to evolve in the form of post graduate studies. Over a period of years, such a program might make significant contributions to the nursing profession particularly in research.

RECOMMENDATION 5(27): That each university give consideration during the 1985-87 Triennium to the possibility of providing opportunities for postgraduate study and research in nursing.

5.147. The pressure to develop an undergraduate program in a university will intensify as the intakes into nursing programs in colleges exceed about 500 annually. This is likely to occur during the 1991-93 Triennium. The Committee considers that when need for another school of nursing is reached, the question of a university's entering the field, as opposed to the further expansion of college based programs, should be considered by the WA Post Secondary Education Commission. On the evidence available at this time, Murdoch University might be favoured in such a review but the possibility of the University of WA's moving into nursing should not be dismissed without close examination, particularly if an examination of the need for medical manpower, as has been advocated by the Commonwealth Tertiary Education Commission, in its Report for the 1985-87 Triennium, were to release significant resources within the University of WA. In the meantime, nurses should be encouraged to further their studies to gain postgraduate degrees at masters and doctoral level, since academic staff with qualifications of this nature and relevant experience will be essential if nursing is to be accepted as a university discipline.

RECOMMENDATION 5(28): That during the 1988-90 Triennium, the WA Post Secondary Education Commission consider the entry of Murdoch University and/or the University of WA into an undergraduate nursing program as an alternative to further expansion of programs in colleges of advanced education.

5.148. As a result of this consideration, the Committee came to the conclusion that a School of Nursing should be opened within the WA College of Advanced Education. The Committee saw a number of advantages to be gained by such a move. In the first place, the

WA College is a multi-campus institution and would be able to cope (as does WAIT) with using facilities at a number of different locations as envisaged by the Committee. The major campuses of the WA College at Claremont, Churchlands, Mt Lawley and Nedlands will eventually be supplemented by a new campus at Joondalup and these being north of the Swan River would complement the provision of the college based program at WAIT south of the river. It would also allow the ultimate use of more than one campus as a base for the School of Nursing.

5.149. The WA College is about to develop a new campus at Bunbury in the form of the Bunbury Institute of Advanced Education. If the Nurses Board's requirements for clinical experience can be satisfied, the Committee would urge the WA College to open at least one or two years of a basic nurse education program in Bunbury. The complex care elements of the clinical experience would have to be completed in Perth. Such a development would increase the access by country residents to general nursing.

5.150. The Western Australian College of Advanced Education has developed considerably from its initial phase involving only teacher education. Major diversification into business studies has occurred and, with new fields of study (apart from nursing) being developed in the 1985-87 Triennium, the WA College will have less than 50 per cent of its total load in teacher education by 1987. The opening of the School of Nursing will lower even further the percentage of effort in teacher education. At the same time, nursing programs will benefit from the strengths of the WA College.

5.151. The Committee was impressed by the quality of the submission made by the WA College of Advanced Education which gave evidence of the detailed consideration made, and research undertaken, by the College in preparing the submission. The Committee welcomed the approach proposed by the College for the implementation of a program of nursing within the institution as stated:

> ... it is policy (of the WA College) to involve professional organisations and practitioners in the design, evaluation and maintenance of courses. This guarantees involvement of the appropriate nursing, hospital and health interests.

5.152. The Committee envisages that the size of the WAIT School of Nursing should grow along with the establishment of the new School within the WA College. As a consequence by the end of the 1988-1990 Triennium the State would have two college Schools of Nursing of approximately equal size, with intakes into each of about 120 students every semester to give annual intakes of the order of 240. Such numbers will provide a strong base for the recruitment of staff who will be able to meet the strong demand evident, not only for basic nursing programs, but for post graduate studies to at least the masters degree level. The Committee expects that arrangements currently being negotiated between WAIT and the two universities will allow outstanding nursing graduates from masters programs to undertake doctoral studies at either of the universities using the nursing expertise built up in the WAIT and eventually in the WA College undergraduate programs.

RECOMMENDATION 5(29): That the WA Institute of Technology be asked to increase the size of its School of Nursing in the 1985-87 Triennium, that the annual intake into this School of Nursing by the end of the 1988-90 Triennium be of the order of 240 students over the two semesters and that the Institute's student load be increased accordingly.

RECOMMENDATION 5(30): That the WA College of Advanced Education open a School of Nursing in the 1985-87 Triennium; that the WA Post Secondary Education Commission seek the appropriate approval ofthis by the Commonwealth Tertiary Education Commission; that the annual intake by the end of the 1988-90 Triennium into this School of Nursing be of the order of 240 students over the two semesters; and, that the WA College student load be increased accordingly.

RECOMMENDATION 5(31): That the WA College of Advanced Education, in its development of a School of Nursing, give consideration to the possible provision of the initial part of a basic nurse education program at the Bunbury Institute of Advanced Education.

5.153. The Committee was left with little doubt that the expansion of the WAIT School of Nursing intake would be highly dependent on the provision of additional accommodation. Knowing that Commonwealth funding for capital works for colleges of advanced education is very limited for the 1985-87 Triennium and that major buildings at WAIT, or the WA College, would be well nigh impossible to ensure during the Triennium, the Committee considered the use of present capital facilities used by hospital schools of nursing. The Committee believes that the State Government can make available (on a leasehold basis) to the WAIT and the WA College, the teaching facilities, and offices currently occupied by hospital schools of nursing, to be used as a base for the provision of nursing courses. The Committee considers that as a result of this, there will a reduced need over the period 1985-91 for major capital expenditure to facilitate this transfer. What capital expenditure is required would be part of negotiations with the Commonwealth over the transfer of nursing, and the needs may have to be fitted into priority order within the overall capital works program for colleges of advanced education in Western Australia.

RECOMMENDATION 5(32): That the State Government and relevant Hospital Boards of Management make available, on a leasehold basis, to the WA Institute of Technology and the WA College of Advanced Education as appropriate, the teaching facilities, and offices currently occupied by hospital schools of nursing as nursing programs in such schools are closed and college programs expanded.

5.154. As the Committee was concluding its Report, discussions were being held between Commonwealth and State officials as to the numbers of student nurses to be involved and financial arrangements to be entered into for the transfer of nursing education to the college system. Accordingly the Committee was unable to be precise in its recommendations as to the rate of transfer required in Western Australia, particularly as the Health Department was reconsidering workforce requirements for nurses in light of the pressure for a 38 hour week and other developments referred to in Chapter 3.

5.155. The Committee felt that the appropriate way to proceed was to recommend that a working party comprising nominees from the Health Department and the WA Post Secondary Education Commission be established to coordinate the implementation of the transfer. Such a Committee would be given the responsibility of ensuring that the transfer takes places in an orderly fashion in accordance with intake levels funded through the Health Department and of minimising difficulties for students, staff and institutions in the movement of programs from hospitals to the two colleges. Among the issues the working party would need to examine would be the safeguards for the continuity of employment of teaching staff of hospital schools of nursing and the tenure of staff in the School of Nursing at the WA Institute of Technology as recommended elsewhere in this chapter. Discussions involving the Royal Australian Nursing Federation and the staff associations of the academic institutions involved would be essential in these matters.

RECOMMENDATION 5(33): (a) That the Health Department establish a working party comprising nominees of the Department, the Nurses Board, the Royal Australian Nursing Federation and of the WA Post Secondary Education Commission to ensure that the transfer of general nursing education from hospitals to college of advanced education takes place in an orderly fashion with a view to minimising

difficulties for students, staff and the institutions involved in this transfer.

(b) That the Health Department and the WA Post Secondary Education Commission ensure that appropriate consultation takes place between employer and employee organisations involved in the transfer.

5.156. Accordingly, as stated in paragraph 5.144, the Committee was convinced that its planning should provide flexibility to cope with increases in student intakes which may be required now, or in the future. From the viewpoint of the WA College and the WA Institute of Technology, the Committee accepted a number of principles which should govern the expansion of nursing education in the college system.

5.157. Firstly, the WA College program cannot commence without recruitment of staff, development of appropriate curricula and establishment of suitable resources. The earliest possible commencement date might be July 1985 but the Committee believes that February 1986 is more appropriate. The Committee also considers that a minimum intake of 30 students would be required per semester in the first year of the program.

5.158. Assuming appropriate recurrent funding was provided, the increases in intakes in the second year of the program would be limited by the availability of classroom, laboratory and staff accommodation. For planning purposes the Committee assumed that the upper limit on intakes per semester in that year was likely to be 65. In later years, intakes per semester could grow in modules of about 30 places, again subject to increases in recurrent funding and availability of accommodation.

5.159. Secondly, whilst the WA Institute of Technology has an established program and on that basis could be reasonably expected to increase its intakes in 1985, there are two difficulties the Committee felt must be overcome. The first of

these is the physical accommodation for students and staff which is already heavily loaded with the current intake of 100 students. The second is the time needed to plan a second semester (July 1985) intake, which is seen as essential, to relieve pressures on specialised laboratory accommodation and to spread clinical placements more evenly over the whole year. Hence, expansion of intakes at WA Institute of Technology should be targeted initially at providing a second semester intake in 1985 with no more than 80 students, with the first semester 1985 intake being reduced from 100 to 80. This must be accompanied by access to some accommodation in a hospital school of nursing. Increases in intakes per semester in 1986 and later year would be best done in modules of about 15 or 30. Again assuming appropriate recurrent funding was provided, the rapidity with which these intakes could be increased would be limited by availability of appropriate accommodation.

5.160. Having these principles in mind, the Committee came to the view that the phased closing of hospital schools of nursing and expansion of college based programs would be contingent on providing the WA College and the WA Institute of Technology with corresponding access to buildings currently occupied by hospital schools of nursing. It was the Committee's assessment that decisions should be taken now to identify the future occupancy of buildings currently used by hospital schools of nursing.

5.161. At the same time, it should be recognised that clinical experience available in hospitals currently associated with a school of nursing should not be seen as the exclusive province of that future occupant of the school of nursing buildings. Recommendation 5(16) proposes that these hospitals be represented on the Nurses Board Committee, along with other agencies and the relevant higher education institutions, in order to coordinate and rationalise access to clinical experiences.

5.162. The Committee gave consideration to the order in which hospital schools of nursing might be phased down and their premises made available to either the WA College or the WA Institute of Technology. The Committee accepts that the Government may have

to vary this order depending on the rapidity with which a transfer to college based training can be achieved in negotiations with the Commonwealth Government. The working party proposed in Recommendation 5(33) may need to give advice on that matter.

5.163. The Committee gave particular attention to the current status of the WA School of Nursing. Of all the hospital schools, it is the closest to being a self-governing institution and it is significant in size - particularly with the move of student mental health nurses into its jurisdiction. The Committee noted the School's own submission which proposed a minimum transition period of five years be considered in transferring the School's hospital based course to an education institution based course. Having in mind the extra complications of the addition of mental health nursing to the School, the Committee decided that the transfer of students from this School to the college system should be delayed. In so doing, the Committee was reassured that it was delaying the transfer of a well managed program with competent staff and a frequently improved curriculum and that as such students at the School would continue to get highly regarded training, albeit in a hospital setting.

5.164. Of the other schools, the Committee noted how the Princess Margaret Hospital School of Nursing had capitalised on its location within a specialist paediatric hospital and had still been able to prepare students for general nursing registration. Because of the size of the School, the desirability of the hospital being used for pre-registration clinical experience, and post basic courses in paediatrics, and its physical location, the Committee selected this School as the first one to be phased down.

5.165. In order for this process to commence in 1985, the Committee considered that the only option open to it was to propose the transfer of the facilities of Princess Margaret Hospital School of Nursing to WAIT (and, hence, assist in overcoming the accommodation problems to be faced by any expansion of the WAIT School), the cessation of any new intake into the Princess Margaret Hospital School of Nursing after the first intake in

1985 and expansion of the WAIT intake over and above the present 1984 intake (which included the 40 State funded students). The Health Department may wish this number to be increased slightly or the size of the final intake into the Princess Margaret Hospital School of Nursing varied if it considers the expected output of graduates in 1988 should be increased. An expansion of WAIT's intake by 60 has been chosen for planning purposes. This intake will be facilitated by a second semester program in 1985.

5.166. In 1985, the Princess Margaret Hospital School of Nursing would continue the hospital program for its final intake in January and for those students in their second or third year of study, and in 1986 the third year of the program would be provided so that closure of the School would not be completed until the beginning of 1988. At the same time, the Committee envisages that clinical experiences which can be provided through the hospital will become more widely available through the coordination committee for clinical practice proposed earlier in this Chapter.

5.167. The Committee noted how WAIT had absorbed staff from the Muresk Agricultural College and the Kindergarten Teachers College when these were amalgamated into the Institute. The Committee understands that WAIT will give sympathetic consideration to staff from the hospital schools of nursing. Clearly some nurse educators may not wish to transfer to WAIT and positions must be found for them. Hence, the Committee envisages that the present staff of the Princess Margaret Hospital School of Nursing will be guaranteed continuity of employment either within the WAIT program or the Princess Margaret Hospital.

RECOMMENDATION 5(34): That the Princess Margaret Hospital School of Nursing cease further intakes into its general nursing program after its first intake for 1985 and that the WA Institute of Technology expand its intakes by no more than 60 in 1985 and by a number yet to be determined in 1986, with a corresponding phasing down of the Princess

Margaret Hospital School of Nursing and expansion of the WAIT program in 1986 and 1987.

RECOMMENDATION 5(35): That the Princess Margaret Hospital progressively, over the period 1985-87, make available to WA Institute of technology the teaching facilities, and offices currently occupied by the School of Nursing and that its clinical experience be made available to students from WAIT and such other Schools of Nursing that need access to them subject to Recommendation 5(16).

RECOMMENDATION 5(36): That the Princess Margaret Hospital and the WA Institute of Technology ensure that Nurse Educators and Clinical Instructors employed in the Princess Margaret Hospital School of Nursing have continuity of employment either in the Hospital or at the Institute.

5.168. The earliest possible date for the opening of a basic nursing program at the WA College was seen as mid-1985 or preferably February 1986. The Committee chose the Sir Charles Gairdner Hospital School of Nursing as the next School to be phased down, and, in so doing, become the base for the new WA College program.

5.169. The Committee was in a dilemma over the rapidity with which this phasing down might be achieved. It was considered that with the likely resources available from Commonwealth and State sources it would it would take two years for the intake of the Sir Charles Gairdner Hospital School to be reduced to zero. The Committee recognises that this will cause disruption to the School but believes that arrangements will be possible between the School and the WA College to ensure that students in the hospital program will not be disadvantaged by the changes proposed. Such a rate of transfer should ensure that the number

of nurse replacements will be available, particularly if special steps are taken, such as providing refresher or re-registration courses, to enable the system to cope with the demand.

5.170. The Committee believes that the WA College is likely to give sympathetic consideration to staff of the Sir Charles Gairdner Hospital School of Nursing who wish to transfer to the College and would urge the College to take such action that will clarify the position for the present staff of the School. The Committee sees considerable merit in resolving this issue quickly so that although some staff may transfer in 1986, others will know that they will do so in 1987, 1988 or 1989. Those who do not wish to transfer to the College should be given security of employment in the Hospital.

RECOMMENDATION 5(37): That the WA College of Advanced Education open a program in basic nursing education in 1986 with an initial intake of no less than 30 students per semester and with increased intake not exceeding 65 per semester in 1987.

RECOMMENDATION 5(38): That the Sir Charles Gairdner Hospital School of Nursing reduce its intake into its general nursing program to 60 in 1986, or such other figure as may be advised by the Health Department, with corresponding phasing down of the School over the period 1987 onwards.

RECOMMENDATION 5(39): That the Sir Charles Gairdner Hospital progressively over the period 1986 onwards make available to the WA College the teaching facilities and offices currently occupied by the School of Nursing and that its clinical experience be made available to students from the WA College and such other Schools of Nursing that need access to them subject to Recommendation 5(16).

RECOMMENDATION 5(40): That the Sir Charles Gairdner Hospital and the WA College of Advanced Education ensure that Nurse Educators and Clinical Instructors employed in the Sir Charles Gairdner Hospital School of Nursing have continuity of employment either with the Hospital or the College.

5.171. As far as the 1988-1990 Triennium is concerned, the Committee advocates further transfers to the college system and has set out its proposals accordingly. Nevertheless, the Committee acknowledges that experience gained in the 1985-87 Triennium, up-dated information on manpower needs, availability of capital funds for specific purpose teaching facilities on campus and the possibility of a third school of nursing being required may indicate a need for some modification of these proposals.

5.172. The Committee envisages that the Fremantle Hospital School of Nursing would be the next one to be phased down and that this would be accomplished at the same time as a further expansion of the WA Institute of Technology School of Nursing. As in the case of the other two schools, this would be achieved by the Fremantle Hospital School ceasing new intakes in 1988 and the WA Institute of Technology making corresponding increases in its program.

RECOMMENDATION 5(41): That the Fremantle Hospital School of Nursing cease new intakes into its general nursing program in 1988 and that the WA Institute of Technology increase its annual intake in 1988, with a corresponding phasing down of the School and expansion of the WAIT program in 1989 and 1990.

RECOMMENDATION 5(42): That the Fremantle Hospital, progressively over the period 1988 onwards, make available to the WA Institute of Technology the teaching facilities

and offices currently occupied by the School of Nursing and that its clinical experience be made available to students from WAIT and such other Schools of Nursing that need access to them subject to Recommendation 5(16).

RECOMMENDATION 5(43): That the Fremantle Hospital and the WA Institute of Technology ensure that Nurse Educators and Clinical Instructors employed in the Fremantle Hospital School of Nursing have continuity of employment either in the Hospital or at the Institute.

5.173. If the above pattern of transfer is followed, this will leave the WA School of Nursing as the next to transfer to the advanced education system. On the basis of the earlier recommendations being implemented as stated, then the transfer of the WA School of Nursing program could commence in 1988 with an expansion of the intake into the WA College of Advanced Education program that year. In 1989, the numbers entering the WA School of Nursing would continue to fall and expansion at the WA College would continue. In 1991, the closing of the general nursing programs within school should be completed, with WAIT and the WA College increasing their intakes accordingly. The last group of hospital based graduates would thus graduate in 1993.

5.174. In the period 1991 onwards, the WA School of Nursing would maintain a responsibility for mental health, enrolled nurse and post basic nursing training (these groups are discussed in Chapters 6, 7 and 8), with a diminishing responsibility for general nursing training. The WA College of Advanced Education and/or the WA Institute of Technology will have an increasing need to share the physical facilities of the WA School of Nursing. The location of mental health nursing is subject to the introduction and evaluation of a pilot program at a higher education institution. The Committee does not underestimate the complex arrangements which will become necessary to achieve

these changes and accepts that the implementation of these proposals will benefit from a review prior to the 1988-1990 Triennium, to be conducted jointly by the WA Post Secondary Education Commission and the Health Department.

RECOMMENDATION 5(44): That the WA School of Nursing reduce annual intakes into its general nursing program over the period 1988-90 to nil in 1991, with a corresponding phasing down of the general nursing component of the School and an expansion of the WA College of Advanced Education program and that of WA Institute of Technology over the same period.

RECOMMENDATION 5(45): That the WA School of Nursing progressively over the period 1989 onwards make available those resources relevant to general nursing training to the WA College of Advanced Education and/or to the WA Institute of Technology as are necessary.

RECOMMENDATION 5(46): That the Department of Health in association with WAIT and the WA College ensure that Nurse Educators, Clinical Instructors and support staff, employed in the WA School of Nursing have continuity of employment with the WA College and/or WAIT, the WA School of Nursing or with hospitals associated with the School of Nursing.

5.175. The Committee recognises that the phased transfer it proposed will leave, for varying periods of time, hospital based programs. It considers that each school of nursing develop its relationships with the WA College or the WA Institute of Technology, as appropriate, in the years preceding the transfer so that greater understanding of each other can be established prior to the formal phasing down of the hospital program. Each may also consider the improvements which might be made in hospital programs which are detailed earlier in this Chapter.

5.176. The following Table (5(10)) summarises the Committee's recommendations with respect to the changes in intakes. In the case of the WA Institute of Technology and the WA College a range of possible intakes is shown in certain years due to the uncertainties of the Commonwealth State arrangements which were referred to in paragraph 5.154. The first figure in each range represents the number which would marginally increase the current level of graduating nurses using current completion rates (approximately 70 per cent for college programs and 75 per cent for hospitals programs). The second figure would give increased outputs with the same completion rates and is dependent on resolution of issues discussed in paragraphs 5.154-5.162. As completion rates vary from year to year, student progress needs to be monitored carefully, and intakes may have to be adjusted further to achieve the required numbers of graduates in any particular year.

TABLE 5(10): PROPOSALS FOR TRANSFER OF GENERAL NURSING INTAKES TO COLLEGES OF ADVANCED EDUCATION

	1984	1985	1986	1987	1988	1989	1990	1991*
Actions		Close PMH mid-year and expand WAIT	Start closure SCGH Open WAC	Complete closure SCGH Increase WAC	Close Fremantle Start Closure WASON Increase WAIT/WACAE	Continue Closure WASON Increase WACAE		
WA School of Nursing	150	150	150	150	120	90	50	
Princess Margaret Hospital	50	24	-	-	-	-	-	
Fremantle Hospital	50	50	50	50	-	-	-	
Sir Charles Gairdner Hospital	90	90	60	-	-	-	-	
WA Institute of Technology	100	140-160	170-190	170-190	220-250	220-250	220-250	250-300
WA College of Advanced Education	-	-	30-60	100-130	140-190	180-250	230-300	270-360
Total HOSPITALS	340	314	260	200	120	90	50	-
TOTAL COLLEGES	100	140-160	200-250	270-320	360-440	400-480	460-580	520-660
TOTAL	440	454-474	460-510	470-520	480-560	490-570	520-630	520-660
Total Graduates 3 years later	325	334-348	335-370	339-392	342-398	348-404	367-444	364-462

* Although there would be no intake of students into hospital based programs in 1991, the classes of 1989 and 1990 would leave such programs operational until 1993.

SUMMARY

5.177. General nurses comprise the majority of nursing registrations in Western Australia. This qualification is also the foundation for a variety of post basic options. The Committee, therefore, focused much of its discussion on the most appropriate means of educating these nurses.

5.178. The Committee examined the advantages and disadvantages of hospital and college training and concluded that major improvements were desirable in light of the changing role of nurses within a changing mode of health care delivery. The most effective improvement was accepted to be a transfer of general nurse education from hospital schools where students are part of the rostered labour force to higher education institutions where their clinical experience is gained on a supernumerary basis which allows a close integration of theory and practice.

5.179. The Committee's recommendations in regard to general nursing focus on measures to ensure an orderly transfer to colleges which will reduce the need for major capital expenditure in the short term and minimise disruptive effects on hospital staffing requirements. In order to cope with the large numbers of nursing students involved in the transfer, a second School of Nursing, within the WA College of Advanced Education, is proposed. It is planned that the last intake of hospital students will occur in 1990 in line with the Commonwealth initiatives in this area which were announced as the Committee was in the final stages of its work.

5.180. Other recommendations include:

- measures to ensure flexibility in the size of intakes, thus accommodating the needs of the health care system;

- establishment of a coordinating body to ensure a rationalisation of clinical experience for all nursing students within health agencies and hospitals;

- possible changes to general nursing programs within hospital schools of nursing to provide hosital students with improved instruction during the period of transfer when a dual system of training will be in effect;

- alterations to college programs to ensure a rational use of staff and facilities and a two semester output of graduates; and

- establishment by the Health Department of a working party to ensure that the transfer from hospital to college programs takes place in an orderly fashion minimising difficulties for students, staff and the institutions involved in the transfer.

CHAPTER 5 - NOTES

1. Nurses Board of Western Australia Annual Report 1983, p.5.

2. National Health and Medical Research Council, "The Role of the Nurse" (1983), p.2,3.

3. C. Kratz, Nursing education evaluation project: report on nurse graduates qualified in 1977 and 1978: Department of Nursing and Educational Development Unit, Western Australian Institute of Technology, Perth, 1979.

   A J Lonsdale, N C Dennis, S Hooke and C Norvillas, Evaluating the nursing performance of college and hospital graduates: procedures, outcomes and issues A report of the Nursing Evaluation Project Education Development Unit, Western Australian Institute of Technology, August 1982.

4. C Kratz, op.cit.

5. Jacqueline R Lublin, "A Discussion of Four Evaluative Reports on Graduates of Basic Nurse Education Programs in CAEs and Hospitals", Commonwealth Tertiary Education Commission (January 1984), p.21.

6. Commonwealth Tertiary Education Commission Report for the 1985 87 Triennium, Vol 1 (Part 4) p.175.

OVERVIEW OF OPPORTUNITIES

6.1. This Chapter addresses the variety of courses available to general nurses who have completed their pre-registration training. Education opportunities for other categories of nurses (mental health and enrolled) are discussed in Chapters 7 and 8 respectively.

6.2. At the present time, there is a wide range of post basic courses available in this State for qualified general nursing personnel. These courses can be categorised into five groupings although some overlap occurs:

- post basic courses leading to registration in a second category;
- post basic certificate courses;
- post basic courses in higher education;
- continuing and inservice education courses; and
- refresher/re-registration courses.

Post Basic Courses Leading to Registration in a Second Category

6.3. Provision for post basic registration courses has been outlined in 2.34 and Table 2(3). Registered general nurses are eligible to apply for courses in mental health and dental nursing. There are also options in midwifery and child health. These latter two are discussed in some detail later in this Chapter.

Post Basic Certificate Courses

Post basic certificate courses are offered in clinical specialities and endorsed by the Nurses Board of WA. All but two are hospital based.

TABLE 6(1): POST BASIC CERTIFICATE COURSES*

COURSE	LOCATION	INTAKE	DURATION	FUNDING
Orthopaedic and Spinal Injury	WASON	1 x 12	12 months	+students paid
Operating Theatre and Management	WASON	1 x 12	12 months	+students paid
Neurosurgical and Neuro Medical Nursing	WASON	In abeyance since 1982	12 months	+students paid
Intensive Care Nursing	WASON	1 x 13	12 months	+students paid
Cardio-Thoracic and Coronary Care Nursing	WASON	1 x 12	12 months	+students paid
Paediatric Nursing	PMH	1 x 20	12 months	+students paid
Neo-natal Paediatric Nursing	KEMH	1 x 10	12 months	+students paid
Restorative and Continuing Care	WAIT	1 x 34	2 semesters	Day release funded by Health Department
Nursing and the ** Handicapped Client	WAIT		2 semesters	Day release funded by Health Department

* Refer to Chapter 7 for details of opportunities for mental health nurses and Chapter 8 with regard to enrolled nurses.

** To be submitted for endorsement in 1984.

\+ Students paid at second year rate.

Post Basic Courses in Higher Education

6.4. Registered general and mental health nurses from hospital based courses can enrol in bachelor degree level studies in the School of Nursing (WAIT). The program leads to a Bachelor of Applied Science (Nursing) after four semesters of study. The course can be taken either full-time or part-time with some units available on an external basis. Entry is limited to experienced nurses who have completed a science subject at TAE or equivalent level. Students must seek their own finance although some students may be eligible for scholarships or TEAS or may be subsidised by employers. There are limited places in the degree course and entry is very competitive; as a consequence entry standards are high.

6.5. Senior experienced nurses who commenced a hospital based program prior to 1975 are eligible to undertake one of four specialisation streams in addition to completing a common core of units. The four streams available are:

- Nursing Administration
- Nursing Education (not available to mental health nurses unless dual registered)
- Primary Health Care (Community Health)
- Advanced Clinical Nursing

Options in clinical specialities are available to students on an individual contract basis.

6.6. Hospital graduates who commenced training in or after 1975 undertake the "generalist" stream which provides the academic foundations for specialisation at post-graduate level.

6.7. Once the demand from the first group for up-grading opportunities has been met, the intention is to phase out specialist options at undergraduate level and offer these only at postgraduate level.

6.8. The intake into bachelor degree programs was 63 students in 1984. Since establishment of the course, the number of graduates has been substantial as reference to Table 6(2) makes clear.

TABLE 6(2): WAIT GRADUATES: BACHELOR OF APPLIED SCIENCE (NURSING) 1979-1983

Year	1979	1980	1981	1982	1983
No.	74*	38	36	42	40

* The large number of graduates in 1979 represents the total of three years, 1977-79. The course was originally offered as a degree (see paragraphs 2.13 and 5.124). Because of the uncertainty of the award to be received, graduates did not apply for their awards until the controversy had been settled.

6.9. WAIT is currently offering some nursing units in the bachelor degree course under a contractual arrangement with Hedland College. Plans are underway to extend this opportunity to Kalgoorlie, Bunbury and Albany.

Continuing and Inservice Education

6.10. The terms continuing and inservice education have been used in this report in a broad sense which includes all courses and/or programs undertaken by nurses who are in employment. See the definitions in paragraph 2.28.

6.11. Inservice education courses are usually provided by the employer. There is no certification. Such courses tend to be of short duration and to be designed to fill specific needs. Orientation programs would be designated as inservice education. Also included could be topics suggested by staff. New technological or pharmaceutical advances might be suitable for inservice seminars.

6.12. In Western Australia, there are five major hospitals with formally designated inservice educator positions. Nurses working in community health have access to staff development programs. In addition, a number of professional groups and oganisations conduct continuing education programs. These include the Royal Australian Nursing Federation (including RANF special interest groups such as accident and emergency nurses); College of Nursing, Australia (and in conjunction with the Margaret Baird Foundation); WAIT School of Nursing; WAIT Centre for Advanced Studies; in the Health Sciences, and, the Combined Nursing Organisation.

6.13. The desirability of a strong inservice program was identified by the Sax Committee. It envisioned such programs being designed to enable registered nurses, who had completed their training a number of years previously, to be introduced to new theory and practice in the basic curriculum in a formal way.

6.14. The procedure of hospital accreditation being developed by the Australian Council of Hospital Standards will require an inservice provision for accredited institutions. The RANF Standards for Nursing Practice have recommended an allocation of one educator for each 150 members of staff. To ensure access of staff to continuing education programs, it is desirable for

employing institutions to provide study release for staff members to attend these programs and to make separate budgetary provision for such education opportunities.

The Committee recommends:

RECOMMENDATION 6(1): That all Government departments and agencies which employ nursing personnel review inservice education opportunities; and that such departments and agencies have an identifiable education budget for these needs.

6.15. Nurses not working in the Government health system, such as occupational health nurses, should also be provided with support programs to keep them abreast of new developments. Such courses are particularly desirable for practitioners in remote areas and it was the Committee's hope that such moves would be supported by employers.

Refresher/Re-registration Courses

6.16. The Nurses Regulations (1973) require that nurses who have not been employed in nursing for five years or more must undergo some refresher training prior to re-registration. Inactive registered nurses may also enrol. These courses can thus be known as refresher or re-registration courses.

6.17. Courses for general nurses are available through the WA School of Nursing at a cost of $200 each. The Repatriation Hospital, Hollywood, offers refresher training on a paid basis on the understanding that the nurses thus trained will remain with the hospital after completion of the course.

6.18. Currently in this State, the WA School of Nursing provides four refresher/reregistration courses annually for general nurses, each with an intake of 25 students. It is understood that the Health Department is making provision for rural nurse refresher courses in the 1984-85 Budget, to be initially offered at

Bunbury and Kalgoorlie. In addition, a Health Department Committee has been established to evaluate the need for refresher courses and to plan a suitable program. A survey is to be conducted among the 600 registered nurses who have indicated a desire to return to the workforce to determine needs and locations.

6.19. The provision of refresher opportunities for mental health nurses and enrolled nurses is detailed elsewhere in this report. (See paragraphs 7.51 and 8.20).

The Committee recommends:

RECOMMENDATION 6(2): That the Health Department review the provision in metropolitan and rural areas for refresher/reregistration courses for general nurses; that such courses be offered without tuition fee.

EVALUATION AND ISSUES

6.20. Debate within the nursing profession in regard to further education opportunities for registered nurses focuses upon two major categories of post basic programs:

- courses leading to a certificate; and
- courses in higher education institutions.

6.21. Within each grouping there are three basic questions to be considered.

- Location of Course: How is post basic education for nurses best provided - in hospital programs or in higher education institutions?

- Supply and Demand: Are there sufficient places for those nurses who wish to gain a post basic qualification? Are there sufficient persons with specialist training being produced to meet the needs of the health care system?

- Variety of Course Offerings: Is there is a wide enough variety of courses available to nurses to meet the system's needs?

Post Basic Certificate Courses

6.22. As noted earlier (see Table 6(1)), hospitals and colleges in Western Australia currently offer nine clinical specialities to registered general nurses. All but two (Restorative and Continuing Care; Nursing and the Handicapped Client) are conducted primarily in the hospital setting. (Refer to Appendix 9 for details of the program for each clinical speciality). The Committee and a large number of submissions shared the view that although the number of students doing clinical specialities at WAIT would continue to increase, a total transfer to higher education was not achievable in the short term but desirable in the longer term.

6.23. The Committee was advised that the major concern is supply and demand. There is an acute shortage of nurses with certificates in some specialities (for example, intensive care, operating theatre, cardio-thoracic and coronary care) such that overseas graduates are being recruited. As the annual intake figures in Table 6(1) indicate, the size of each of these courses is small. A number of submissions voiced concern about this fact, noting that demand was often double the available places and insufficient for current service needs.

6.24. The Committee was informed that in many cases nurses with specialist training practised only briefly in the appropriate clinical unit. Some concern was voiced with regard to "certificate-gathering". There is, of course, no requirement on the part of trained nurses to practise in the State on completion of their qualification and some graduates move interstate or overseas when they have finished the program. The Committee discussed means by which nursing personnel with specialist skills could be retained within the State health system. It was considered that some form of bonded release for continuing education might provide an incentive to remain in

service. The supply might also be increased by raising intake levels. This would require the sharing of clinical experience among the large teaching hospitals.

The Committee recommends:

RECOMMENDATION 6(3): **That the Health Department and the WA Institute of Technology review intake sizes for clinical specialty courses with a view to increasing the number of places available.**

RECOMMENDATION 6(4): **That the WA School of Nursing and hospital schools of nursing continue post-basic courses in clinical specialties until a sufficient number of post graduates are available from higher education institutions to meet service needs.**

Post Basic Courses in Higher Education

6.25. The Committee's attention has been drawn to the provision of post basic courses at college level. As more nurses have access to college based education it may be reasonable to assume that there will be an increased demand for specialist courses at the graduate diploma level to advance nursing research. Although it is not envisaged that, in the medium term, there will be total transfer of post basic courses to the college sector, this increased demand would necessitate a review of present offerings. Some submissions suggested that while some post basic courses like midwifery should be carried out in higher education, others could continue in hospital settings.

6.26. The Committee explored the nature of bridging and conversion courses for registered general nurses who are hospital trained.

Bridging Courses

6.27. The concept of a "bridging course" currently has two meanings in the college context.

- For those nurses who were trained prior to the increase in entry standards to Tertiary Admission Examination (TAE) Year 12 level and who wish to obtain a bachelor degree, a bridging program is required to obtain the requisite TAE entrance subjects to WAIT.

- All registered mental health and general nurses who meet the entry standards for the WAIT School of Nursing may obtain a Bachelor of Applied Science (Nursing) with two years of full-time study. Within the bachelor program students can undertake in one of four streams (refer paragraph 6.5). This, too, is known as bridging. WAIT has experienced increasing intakes for the degree option as Table 6(3), below, indicates. Currently WAIT has set an intake quota of 30 EFTS for the degree bridging course.

TABLE 6(3): WAIT SCHOOL OF NURSING DEGREE COURSE ENROLMENTS, 1976-1984

	1984	1983	1982	1981	1980	1979	1978	1977	1976
Persons	215	207	185	196	168	138	138	124	68
EFTS	128.5	131.0	120.5	127.5	113.5	92.5	101.0	98.0	52.0

Conversion Courses

6.28. WAIT diplomates can convert to degree status in one semester after a minimum six months work experience. WAIT sets no quotas for such students.

6.29. The Committee observed there is major problem within the post basic option in higher education - to provide sufficient places for hospital trained registered general nurses wishing to enrol in degree courses.

Graduate Diplomas

6.30. As the number of diplomates increases as a consequence of the transfer of general nursing to the colleges, it is likely that the number of registered nurses seeking to upgrade their qualification to degree will increase. The Committee anticipates that a proportion of this group will wish to pursue further study at the post graduate level. While nurses have been able to obtain graduate diplomas in the general area of the health sciences, including a nursing major, there have been no specialised courses available at post graduate level through the WAIT School of Nursing. This will change in 1985 with the introduction of midwifery as a graduate diploma course. The WAIT School, and many submissions, also envisage that some of the clinical specialities currently offered as degree level options might be more appropriate as post graduate courses.

Masters/Doctoral Level Programs

6.31. The Committee was informed that many members of the nursing profession see a future development of research degrees at masters and doctoral level as desirable. This was documented in many of the submissions.

The Committee recommends:

RECOMMENDATION 6(5): That the WA Institute of Technology continue the current bachelor's degree which provides bridging opportunities for hospital trained nurses; that the WA College of Advanced Education develop a second program concurrent with the introduction of a pre-registration diploma program in 1986; and that the options

offered at the WA College of Advanced Education be coordinated with those at the WA Institute of Technology.

RECOMMENDATION 6(6): That the WA Institute of Technology increase student places from 30 EFTS to 60 EFTS within the current bachelor's degree to meet bridging needs.

RECOMMENDATION 6(7): That the WA Institute of Technology expand its contracting of units in the bachelor's degree now available at Hedland College to include Kalgoorlie College and, subsequently, institutions in Albany and Bunbury.

RECOMMENDATION 6(8): That any higher education institutions designated to offer a pre-registration program provide opportunities for nurses to undertake post graduate study in advanced clinical nursing specialties, rationalising such options between the institutions and avoiding unnecessary duplication.

RECOMMENDATION 6(9): That the WAIT Division of Health Sciences provide sufficient student places in the advanced clinical specialist areas to meet demand.

RECOMMENDATION 6(10): That higher education institutions providing post graduate nursing education develop opportunities for research at masters and, in conjunction with universities, at doctoral level.

COMMUNITY NURSING

6.32. Recent years have witnessed an expansion of health care into community based practice. This report has noted the desirability of such developments and acknowledges the policies of governments at both State and Commonwealth levels in this regard. Community Nurses work in a variety of settings including community health centres, child health clinics, domicilliary, hospice palliative care, school health and occupational health. The Committee was supported by submissions in its view that nurses working in the community were best prepared in a generalist program. Further comments on the role of the community nurse are made in some detail in paragraphs 5.2 to 5.8.

6.33. At the present time, a large proportion of community health positions is filled by experienced nurses who have completed midwifery and/or child health registration courses. Others may have completed the bachelor degree course at WAIT with the option in Primary Health Care.

6.34. Given the continuing development of community health programs, the committee registered some concern that the supply of nurses with midwifery and child health qualifications has grown only slightly in the last decade, less than the rate of population growth in Western Australia. The Committee was of the opinion that these growth rates were inadequate to implement the ideals of community based health practice. The issue was further complicated by the fact that large numbers of nurses trained in these specialties had never practiced as midwives or child health nurses.

6.35. The Committee recognises that many nurses who are not midwives or child health trained are involved in community nursing programs. But these two groups constitute a substantial proportion and, therefore, a separate discussion focuses upon them. However, in view of the expanding areas of school health, occupational health and family planning, some comments have been directed towards these groups as well.

6.36. There is an argument for the holistic approach to family based health care for which the midwifery and child health qualification prepares nurses. On the other hand, the occupational health nurse who is concerned mainly with adult workers could need a different orientation and preparation; hence, the importance of a variety of options in the primary health stream of the degree program currently offered by the WAIT School of Nursing.

MIDWIFERY

BACKGROUND

6.37. Midwifery registrations with the Nurses Board make it the third largest category of registered nurse. However, throughout the past decade intake numbers and graduates have been declining.

The Role of the Midwife

6.38. The Nurses Board Syllabus (1980) recognise the World Health Organisation definition of a midwife which states -

> A midwife is a person who is qualified to practise midwifery. She is trained to give the necessary care and advice to women during pregnancy, labour and the postnatal period, to conduct normal deliveries on her own responsibility, and to care for the newly born infant. At all times she must be able to recognise the warning signs of abnormal or potentially abnormal conditions which necessitate referral to doctor, and to carry out emergency measures in the absence of medical help. She may practise in hospitals, health units or domiciliary services. In any one of these situations, she has an important task in health education within the family and the community. In some countries, her work extends into the field of gynaecology, family planning and child care.

6.39. Specifically the role of the midwifery nurse is to:

- actively participate in family centred education programs relating to pregnancy, child birth and parenting, appropriate for the individual;

- actively participate in the assessment, planning, implementation and evaluation of care of mother and baby during pregnancy, labour and the puerperium;
- identify any risk factors or deviation from normal in mother or baby, implement appropriate nursing action and consult with medical practitioner; and
- maintain accurate records of the course of pregnancy, labour and puerperium as required by Midwifery Nurses Regulations, and comply with all other Midwifery Nurses Regulations.

Functions and Competencies

6.40. The education program of midwives has been designed to prepare them to fulfil certain objectives. These have been stated by the Nurses Board (1980) as follows.

> At the completion of this course, the midwifery nurse will be able to:
>
> - appreciate the importance of and actively promote the health and well being of families, appropriate to the cultural, social and economic circumstances;
> - apply the nursing process to meet the health needs of women during pregnancy, child birth and the puerperium;
> - apply knowledge from biological sciences to identify risk factors and deviations from normal in obstetrics and implement appropriate nursing action; and
> - demonstrate a knowledge of the legal and professional aspects of midwifery.

6.41. In order to obtain registration with the Nurses Board, applicants must demonstrate that they have achieved certain competencies. These are in four major areas:

- ante natal care
- delivery
- post natal care
- neo natal care

Appendix 10 provides a detailed listing of the required competencies.

Midwifery Nursing: Trends in Student Statistics and Registrations

6.42. Reference to Tables 6(4) and 6(5) indicates low growth in the numbers of midwives registering with the Nurses Board, an average annual growth rate of 2.0 per cent. This arises from a large decline in the numbers of students undertaking midwifery training - a decline of 48.9 per cent in commencements and 39.6 per cent in the numbers qualifying. Wastage continues to be low, well under 10 per cent.

TABLE 6(4): MIDWIFERY NURSING STUDENT STATISTICS 1975-1983

YEAR	COMMENCEMENTS	WASTAGE(%)[1]	TOTAL STUDENTS	GRADUATES[2]
1975	225	14	195	182
1976	167	8	189	170
1977	178	9	166	174
1978	180	7	181	166
1979	177	7	164	172
1980	157	4	154	167
1981	118	4	116	144
1982	113	5	111	113
1983	115	5*	114	110

1) Wastage prior to 1979 refers to total withdrawals as a proportion of total students; subsequently it describes the wastage in the year's entry cohort. Hence, wastage figures are not complete until twelve months have passed and the year's intakes have graduated.

2) Applicants successfully passing the examination of the Nurses Board.

* complete figures not available

TABLE 6(5): MIDWIVES REGISTERED WITH THE NURSES BOARD OF WA
(as of 31 December)

YEAR	REGISTRATIONS	% CHANGE FROM PREVIOUS YEAR
1975	3175	
1976	3159	-0.5
1977	3300	4.5
1978	3488	5.7
1979	3550	1.8
1980	3606	1.6
1981	3764	4.4
1982	3792	0.7
1983	3804	3.2

Entry Requirements

6.43. Applicants to both the hospital based and college based midwifery programs must be registered general nurses with a minimum of twelve months post registration experience in acute care settings. Hospital based students will have preferably studied Human Biology at TAE level. The new graduate diploma at WAIT will also require a bachelor's degree, not necessarily with a major in nursing. Applicants with a degree other than in nursing will be required to undertake bridging units in areas where deficiencies in essential knowledge and skills have been identified.

Education Program

Hospital Based

6.44. Midwifery courses are currently operated in Western Australia from two locations. King Edward Memorial Hospital has three intakes annually of 30 students each. St John of God Hospital (Subiaco) accepts two intakes of twelve students each.

6.45. Both programs are 52 weeks in length which includes seven weeks of study block or some 280 hours of theoretical instruction. The main subject areas are in the nursing, behavioural and

health sciences. The curriculum is based on the Nurses Board of Western Australian approved syllabus. Details of the courses for each hospital are provided in Appendix 11.

College Based

6.46. A post graduate midwifery program at WAIT has been approved to commence in 1985. The first intake will be ten students.

6.47. The program is designed for full-time study over one academic year with additional clinical experience being obtained outside the two semesters. Students can complete the course on a part-time basis over two years.

6.48. The course curriculum has been designed to build on the content of the behavioural science and nursing units in the undergraduate nursing program related to maternal-child nursing. In addition to the theoretical and clinical nursing units students will be required to undertake two core health research methodology units together with other graduate health science students. These units will provide a basis for those students who wish to progress to a master's program.

Employment Settings

6.49. Midwives are employed in both hospital and community settings. Within the hospital sector they work in maternity hospitals or the maternity units of general hospitals. In the community, they are often employed as field nurses for the Health Department providing antenatal and parentcraft education and domiciliary care. In some remote areas the nursing sister provides the only health care in the region. In such cases, the nurse is also preferred to be a registered midwife. All nursing personnel attached to the Royal Flying Doctor Service and Emergency Nursing Services must be general and midwifery trained. The Health Department prefers the Directors of Nursing in hospitals to be double certificated so they can be available for relief in midwifery emergencies.

EVALUATION AND ISSUES

6.50. There appear to be two issues of major importance with regard to the preparation of midwives - the nature of the training and the number being trained. A major research study based on survey data has been undertaken in conjunction with King Edward Memorial Hospital to ascertain the current role of the midwife.

Educational Program

6.51. The submission from King Edward Memorial Hospital indicated limitations to the nature of the present program for midwifery training. They include:

- students are prepared within the first orientation week in class for three different clinical areas;
- theoretical preparation is insufficient and does not all relate to work the student will be required to do; and
- curriculum cannot be fully developed to integrate theory and practice.

6.52. There has been some suggestion that an eighteen month program would be preferable. Indeed some aspiring midwives go overseas to do a longer course. The need to provide a stronger theoretical approach has been recognised for some time by the nursing profession. The "Goals of Nursing" paper, which appeared in 1976, stated:

> Programs which prepare professional nurses for advanced nursing practise in hospitals or for community health nursing should be conducted by multidiscipline education institutions, initially at the tertiary diploma and undergraduate degree levels and, at the appropriate time,at the postgraduate and Master's degree levels.

6.53. A special pilot program for college graduates in 1978 and 1979 at King Edward was evaluated. Subsequently, a graduate diploma course (two semesters full-time study) was proposed and accepted for WAIT.

6.54. This development is timely as the practice of midwifery has been affected by two major developments.

- The increasing technology involved in in-vitro fertilisation and in neo-natal intensive care requires a greater depth of knowledge of biological sciences.
- The consumer movement towards home births and community based nursing. This requires a sound basis in social sciences and epidemiology; and field experiences in the community which cannot be provided in the service orientated hospital based course.

6.55. Another important reason is the fact that the WAIT diploma program, like other higher education nursing programs, contains a full semester of maternal and child health study. Given this background diplomates are ready to accept the challenge of a deeper and more research oriented approach to the study of obstetrics and are well prepared to accept a heavier study load than the traditional course offers. With this extra knowledge and more varied and relevant experience, they are more likely to continue in the practice of midwifery as career midwives.

Supply and Demand

6.56. The increasing emphasis on family health programs and the health needs of rural areas suggests that current number of practising midwives is insufficient for the State's present and future needs. Submissions from country hospitals cited a shortage of qualified midwifery nurses in their maternity units. The Committee was thus disturbed to learn that less than half the numbers on the midwifery register were actually practising in this specialty. Refer to paragraph 11.46 for detail on the numbers of commencing and graduate midwifery nurses and registration levels in recent years.

The Committee recommends:

RECOMMENDATION 6(11): That, in the interest of improving midwifery education and increasing the numbers of practising midwives in Western Australia, the WA Institute of Technology

allow the the graduate diploma in midwifery to grow to 25 students in the next five years.

RECOMMENDATION 6(12): That, given rapid developments in all aspects of midwifery nursing, the Nurses Board consider refresher training be made mandatory every five years for all practising midwives.

CHILD HEALTH NURSING

BACKGROUND

6.57. Of the 21 840 total nursing registrations with the Nurses Board in 1983 some 514 were on the Child Health Register. Of that group some 191 were employed by the Community Health Nursing Service in 1984.

Role of the Child Health Nurse

6.58. Child health nursing is a specialised field of community based nursing geared to the preventative aspects of health for children age 0 to 5. Working with parents and young children, child health nurses require a high degree of nursing knowledge of childhood illnesses, health promotion and communication skills to effectively meet the needs of their clients. For this reason, in Western Australia, child health nurses require a background in general, midwifery and child health nursing to be registered to work in this area.

6.59. Child health nurses function in six major areas, primarily through child health clinics. Their services include:

- parent support;
- health surveillance and prevention of disabling diseases;
- parent education;
- pre-parent education;
- outreach to non-attenders of clinics;

- immunisation clinics; and
- involvement in useful socio-medical research.

6.60. The child health nurse is the first and often the only point of contact in the community which parents make of their own volition.

6.61. The Committee agreed on the continuing importance of the role of the child health nurse. Two factors as noted in the submission of the Child Health Division of the Royal Australian Nursing Federation highlight this need.

1. The need to maintain a high standard of preventative care for infants and young children.

   Hospital admission is expensive and therefore prevention of these admissions makes good economic sense. A study carried out in July-December, 1976, at Princess Margaret Hospital, clearly showed that a higher level of primary immunisation resulted from attendance at child health centres. In 1982, 93 per cent of all babies born in Western Australia that year attended a child health centre at some time.

2. The impact of social upheaval on the health development of children.

   Australian has the most mobile population in the developed world with Western Australia higher than the national average (from June 1980-81, 1 in 7 families changed address in Australia and in Western Australia there were 1 in 5 families).

   The divorce rate rose from 10 per 10 000 population in 1971 to 29 per 10 000 in 1982.

   In 1980, 12.3 per cent of all Australian families were headed by one parent with 459 200 dependent children involved. Inevitably, such significant situations within the family structure have profound effects upon the children within those families.

   Total live births in 1982 in Western Australia were 21 516. Of these, 513 live births were in the 12-17 age group and 450 in the 18-19 age range. Child health nurses maintain ongoing contact with this at-risk group.

   It is of paramount importance that pre-parenthood education programs carried out by child health nurses for teenagers, which include accurate information on human sexuality and fertility control, be continued.

Functions and Competencies of the Child Health Nurse

6.62. The child health nurse, being already a registered general nurse with midwifery experience has many competencies as he/she enters the field of child care in the community. The course seeks to build on this foundation, to strengthen the role as communicator, health teacher, provider and coordinator of care and member of the profession; and to enable the nurse to develop additional child care, nursing assessment, counselling, health teaching and administrative skills. These skills are acquired by clinical experience and by example from role models. In order to be registered as child health nurses with the Nurses Board, applicants must display these competencies and pass the Board's examinations.

CURRENT SITUATION IN WESTERN AUSTRALIA

Child Health Nurses: Trends in Student Statistics and Registrations

6.63. Tables 6(6) and 6(7) indicate that the number of child health nurses registered with the Nurses Board rose only slightly over the 1975-1983 period although this masks rises and declines over the period. The number of students in training has been reasonably stable with increases in growth arising primarily from the introduction of the child health degree option in the WAIT program. As a consequence, the number of graduates increased 22.7 per cent in the period. Wastage of child health nurse students is traditionally low, close to zero.

TABLE 6(6): CHILD HEALTH NURSING STUDENT STATISTICS 1975-1983

YEAR	COMMENCEMENTS	WASTAGE(%)[1]	STUDENTS NGAL-A	GRADUATES NGAL-A[2]	COLLEGE GRADUATES[2]
1975	24	0	24	22	-
1976	24	4	24	23	-
1977	24	0	24	24	-
1978	20	0	20	21	4
1979	24	0	24	24	4
1980	30/33	0	30	16	9
1981	35	0	24	28	7
1982	27	0	23	23	4
1983	28	0*	28	23	4

1) Wastage prior to 1979 refers to total withdrawals as a proportion of total students; subsequently it describes the wastage in the year's entry cohort. Hence, wastage rates are not complete until twelve months have passed and the year's intakes have graduated.

2) Applicants successfully passing the examination of the Nurses Board.

* complete figures not available

TABLE 6(7): CHILD HEALTH NURSES REGISTERED WITH THE NURSES BOARD (as of 31 December)

YEAR	REGISTRATIONS	% CHANGE FROM PREVIOUS YEAR
1975	494	
1976	478	-3.2
1977	491	2.7
1978	513	4.5
1979	505	-1.6
1980	470	-6.9
1981	514	9.4
1982	504	-1.9
1983	514	2.0

Entry Requirements

6.64. Applicants to courses in child health must have a current general nursing registration and a midwifery component of 270 hours in their basic program or midwifery registration. Applicants to the college course must also meet the WAIT entry requirements.

Educational Program

6.65. There are currently two ways in which qualified nurses can undertake child health education.

Hospital Based

6.66. Nurses undergo a twenty six week course of theoretical and practical study. This entails sixteen weeks of theory interspersed with practical work based at Ngal-a Mothercraft Home, South Perth, followed by ten weeks intense continuous clinical experience under preceptors in Community and Child Health Services. This includes comprehensive evaluation of the nurse's skills prior to completing the required Nurses Board of Western Australia examination. The annual intake to the Ngal-a program is twenty four students annually in two groups of twelve. During the course the students are paid at the level of second year registered nurses.

College Based

6.67. Nurses undertaking the two year post basic degree course at the Western Australian Institute of Technology can pursue a two semester option in Child Health (as part of the primary health care stream) which results in registration as a child health nurse at the completion of their child health clinical practice, evaluation and Nurses Board examination. The practical experience in both courses is very similar but only four to eight students may choose this option annually because of restricted quotas at WAIT. There is also a limit on scholarships available.

6.68. The theoretical instruction in both courses is focused on three broad areas:

Behavioural Science

Behavioural sciences studies aim to develop in the nurse the ability to establish constructive interpersonal relationships with clients and their families, nursing colleagues, members of the health team and all those concerned with the family's well being.

This requires an understanding of child growth and development and developmental psychology, communication skills, relevant aspects of sociology, psychology, learning theory and structured observation and evaluation techniques.

Health Science

Health sciences seek to build on existing understanding of human growth and development from conception to maturity with emphasis on current issues in intrauterine development, neo-natal development, nutrition, drugs, genetics, common conditions of childhood and other relevant aspects of paediatrics to initiate appropriate nursing intervention or referral.

Nursing Science

Nursing sciences aim to develop in the nurse the knowledge, attitudes and skills to provide in a non-judgemental way on advisory teaching/ learning and supportive service to children and families in the community.

Employment Settings

6.69. In 1983, the three community nursing services - community, school health and child health were amalgamated under the control of the Public Health Division. In future, nurses will be expected to accept a more broadly based community nursing function, playing a role in health promotion and illness prevention for all age groups, not merely ages birth to five. With this in mind, the general degree in Primary Health Care (Community Health) can meet the needs of this changing role.

6.70. Many child health nurses are employed in child health clinics, school health and maternity hospitals as well as other settings. Concern was expressed to the Committee that a considerable number of nurses with a child health qualification were not employed in areas not requiring these specific skills.

EVALUATION AND ISSUES

6.71. As with midwifery there are two major debates in the child health area - the best method of training and whether the supply is adequate.

Supply and Demand

6.72. The combination of a small number of graduates annually (see Table 6(6)) with the large numbers not using their specialist training gives great cause for concern. Regional supervisors in remote areas are particularly concerned to ensure that sufficient places for interested nurses from such areas are available.

6.73. The statistics (see Table 6(7)) from the Nurses Board indicate that the number of child health nurses in the register grew only marginally in the last decade. However, the commitment to community based practice in the health care system requires persons with this background.

Education Program

6.74. The Committee discussed the desirability of hospital based programs vis-a-vis college courses. It reviewed the submission of the child health nurse section of the Royal Australian Nursing Federation which proposed a model syllabus for child health nurses. Many of these objectives seemed to be desirable features in a community nurse education program. It includes:

Health Education and Health Promotion

- A knowledge of health components and current important health issues.
- Teaching skills necessary to impart such knowledge formally and informally, and to encourage attitudinal change which would bring about changes in health related behaviour.
- Counselling skills necessary to promote and facilitate changes in attitudes and behaviour in clients.

Behavioural and Sociological Sciences

- An understanding of the bases of the sociology of the family and Government as institutions affecting the health of children.
- An adequate understanding of emotional development as it concerns the child.
- Communication skills necessary for relating to parents, children and other professionals.

Health Screening and Health Surveillance

- An adequate knowledge of physical development and developmental tasks.
- Skills and practice relating to the health screening of children at different ages.
- An adequate knowledge of maternal health and well being.

Primary Health Care

- Accident prevention - providing information re safety in relation to development of children.
- Information about main illnesses and conditions affecting the child at different ages.

- Counselling skills sufficient to deal competently with the developmental and emotional crises of children and families.

6.75. The Committee accepted the desirability of these objectives in the education of nurses working anywhere in the community. It also agreed with the general desire to shift all child health nursing education to higher education over the longer term, and that child health nursing should become part of a more broadly based community nursing program.

RECOMMENDATION 6(13): That the Nurses Board review the syllabus of the Child Health course to ensure that it is sufficiently broadly based to cater for the requirements of general community nursing.

RECOMMENDATION 6(14): That the WA Institute of Technology allow the Child Health option in the Primary Health Care stream of the bachelor degree course to grow and, hence, to allow the phasing out of the Ngal-a course.

RECOMMENDATION 6(15): That preference be given to qualified applicants from rural and remote areas for entrance into child health/community health courses.

SCHOOL HEALTH NURSING

6.76. Within the broad area of community nursing practice is another primary care specialist, the school health nurse. At the present time, there is no specialist qualification for employment in this field.

6.77. The role of the school health nurse focuses upon four specific areas:

- health education and promotion for children and with teachers in school;

- health screening and surveillance of school-age children;
- primary health care within the school setting; and
- first aid.

6.78. Nursing activities in the school are an adjunct to the care provided by families and schools. School nurses recognise the responsibility of the family group for the health care of children and they work as advocates and facilitators with families to encourage the implementation of health-care plans for each child. At the same time, school nurses work within the school setting and must, therefore, encourage other professionals to provide the best possible educational services for children with handicapping conditions. In addition, the nurse is frequently the first contact for students, parents and teachers seeking welfare or health care in crisis situations. The nurse must identify needs and make referrals to the appropriate agencies.

6.79. Practitioners in the school health field are concerned that there is no formal qualification required in this specialist area. At present, school nurses on commencement of duties within Community and Child Health Services of the Health Department, are provided with a six week orientation program prior to a school placement.

6.80. They are not, however, given sufficient theory in child development or adolescent health and behaviour to cope with the problems they may have to face; inservice opportunities are limited to one week per year.

6.81. School health nurses are encouraged to attend first aid courses at the Red Cross Society or St John Ambulance Association. Special short term needs can be catered for within the service or at the Centre for Advanced Studies in the Division of Health Sciences at the WA Institute of Technology.

6.82. The Committee was informed that some nurses are studying school and adolescent health as an option within the degree course at WAIT. However, it was of the view that more specific education should be available to school health nurses, particularly inservice education programs. (See Recommendation 6(1)).

OCCUPATIONAL HEALTH NURSING

6.83. Occupational health nurses have become vital members of industry and business organisations throughout the State.

6.84. The duties of occupational health nurses are directed towards the prevention of occupational illness and injury and the promotion of physical and mental health. However, the role of the nurse varies according to the size of the organisation, the number of employees, the nature of the work and associated hazards, the location and, of course, the number of nurses and other staff employed in the health service.

6.85. In this field, the nurse's duties include:

- health supervision;
- implant surveys and accident prevention;
- treatment of illness and injury;
- health education;
- counselling;
- rehabilitation;
- first aid organisation;
- recording and reporting;
- cooperation with other personnel and agencies; and
- research.

6.86. Practitioners in the occupational health field indicated in their submission that they were concerned that, unlike some States, Western Australia provides no formal qualification. They sought implementation of a post basic course to remedy this situation. Many nurses, especially in the private field, have little opportunity for paid study release or are disadvantaged by distance from educational centres.

6.87. The Committee was advised that the WA Institute of Technology offers short courses appropriate for occupational health nurses through its Centre for Advanced Studies in the Division of Health Sciences. This Centre offers continuing education and research oppotunities primarily at the post graduate level. However, the Committee agreed that there was a need to expand educational provisions in this field and recommends:

RECOMMENDATION 6(16): That WA Institute of Technology consider offering the option in occupational health within the primary health care stream on a regional basis at Hedland College initially, followed at other centres as appropriate.

THE FAMILY PLANNING NURSE

6.88. The motion of family planning is one which has been widely accepted in Australia. In Western Australia, the Family Planning Association has a number of clinics throughout the State which are funded through Government subsidies.

6.89. The definition of family planning provided by the World Health Organisation forms the basis of Family Planning Association activities.

> Family planning is a way of thinking that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individual couples. It helps individuals or couples to attain certain objectives; to avoid unwanted births; to bring about wanted births; to control the time at which births occur in relation to the ages of the parents; and to determine the number of children in the family.

6.90. Family planning advice is provided by a number of health care personnel including:

- registered medical practitioners;
- State registered nurses;
- registered pharmacists;
- qualified medical social workers;
- State registered nurse aides;
- other qualified health workers and qualified teachers; and
- community leaders and other health workers

6.91. The services of the Family Planning Association are provided through modern procedures which include:

- education with particular relevance to human sexuality, family planning and parenthood;
- direction for information on related activities such as genetics and marriage counselling and adoption services;
- counselling in family planning;
- sexual counselling for prophylaxis;
- counselling in regard to sexual dysfunction;
- contraception;
- management of infertility; and
- screening for malignancy;

6.92. In its submission the Family Planning Association of Western Australia pointed to the important role of the nurse in their activities. A report prepared in 1977 recommended that

> "trained nurses (general) receive appropriate basic training in fertility regulation and related issues and that specific post graduation training be provided for extending the role of the nurse in family planning".

6.93. In light of this recommendation, it was indicated that additional theory in this area needs to be incorporated within pre-registration programs.

6.94. In relation to post basic education, nurses employed with the Family Planning Association have been trained in this extended role since 1977. Currently nurses wishing to undertake this training are required to have:

- certificates in general and midwifery training;
- a current FPA certificate of training;
- have been in employment with the Association and completed a minimum of fifty clinic sessions; and
- membership of the Royal Australian Nursing Federation.

This specialist training is conducted by the Family Planning Association over a three month period.

6.95. The Committee was advised that the Council of the Australian Federation of Family Planning Associations had agreed that all registered nurses employed by associations belonging to this body, be required to have completed a nationally accredited educational program. This program is to be implemented in 1985. A working party was established by the Family Planning Association this year to develop a suitable program for Western Australia. The program will initially be conducted by the Family Planning Association but it is hoped that the module will be incorporated into the primary health care option of the Bachelor of Applied Science (Nursing) when funding becomes available.

RECOMMENDATION 6(17): That the Health Department provide a number of scholarships in 1985 for registered nurses to undertake the accredited Family Planning Association Nurse Practitioner program.

SUMMARY

6.96. Further education opportunities for general nurses, the largest group of nurses on the register of the Nurses Board, can be categorised into five areas:

- registration in a second category;
- post basic certificate courses (endorsed by the Nurses Board);
- post basic courses in higher education;
- continuing and inservice education; and
- refresher/re-registration courses.

6.97. The Committee was informed that there is generally high demand for places in all further education options and that graduates from these courses are required in the State's health system.

6.98. The Committee was particularly concerned that sufficient nurses should be educated in those specialty areas which meet the needs of a changing health care system and its greater emphasis on community based services. The chapter addresses, in particular, changes seen desirable in regard to:

- midwifery
- child health
- school health
- occupational health
- family planning

6.99. Recommendations are focused on the rationalising of opportunities within hospitals and higher education and ensuring the adequate provision of nurses with the specialist background appropriate for work in community based programs.

CHAPTER 7 - THE REGISTERED MENTAL HEALTH NURSE

BACKGROUND

The Role of the Mental Health Nurse

7.1. The role of the mental health or psychiatric nurse is being redefined as the nature of health care delivery alters. According to Hildegard Peplau, a Consultant to the World Health Organisation and former President of the American Nurses Association:

> The role of nurses in psychiatric settings of all types is the same generalised one as in other types of health care institutions, but adapted to the special considerations of psychiatric patients. This role includes assessment of the nursing needs of patients, developing nursing care plans, implementing such plans through direct nursing care or through other nursing personnel, evaluating the results of nursing care and coordinating the care of other health professionals. The nurse also helps to create and maintain an environment in the service unit that is beneficial for patients. Through visits and other program plans the nurse stimulates continuing relationships between patients and their family members and community contact. (1)

7.2. In recent years there has been a growth in the number of smaller community treatment and residential units for mental health patients. Consequently, the role of the registered mental health nurse is expanding in order to provide nursing care in the major psychiatric hospitals, decentralised psycho-geriatric units, psychiatric units in major teaching hospitals, and community facilities.

Functions and Competencies

7.3. As defined by the Nurses Board, the essential functions of the registered mental health nurse are as follows:

- assesses the individual patient's needs and develops a therapeutic strategy involving the patient, family and community groups;
- uses a problem solving approach in developing nursing care;
- structures the environment to establish and maintain a therapeutic milieu;
- uses knowledge and skills from biophysical and psycho-social sciences in conjunction with other health team members, to assist the patient to achieve his optimum well-being in all aspects of daily living;
- promotes and maintains each individual patient's self-esteem, independence, dignity and potential;
- monitors basic physical and psycho-social functioning, reports significant findings and takes appropriate action;
- administers medication safely and in accordance with statutory policies;
- adjusts priorities of care to take account of emergency situations - physical and psychiatric;
- participates in established institutional emergency and disaster plans utilising community resources; and
- participates in planning, implementation and evaluation of programs directed towards the promotion of mental health, prevention of mental illness, treatment and rehabilitation.

7.4. In order to be registered with the Board, mental health nurses must demonstrate competency in the following roles:

- member of the nursing profession;
- communicator;
- teacher;
- therapist;
- manager; and
- team member.

The competencies are detailed in Appendix 12. In addition, the mental health nursing profession in Western Australia conforms to the standards which have been adopted by The Australian Congress on Mental Health Nursing. These standards are provided in Appendix 13.

CURRENT SITUATION IN WESTERN AUSTRALIA

Mental Health Nurses: Trends in Student Statistics and Registrations

7.5. Tables 7(1) and 7(2) record information on the supply of mental health nurses in Western Australia. The Nurses Board figures indicate a decline in this category of students, with commencements down substantially (19.8 per cent) over the period 1975-1983, the total in training dropping some 37.8 per cent, and the number of graduates decreasing by 8.5 per cent.

7.6. The number of mental health nurses on the register increased at an annual rate of 6.2 per cent in the 1975-1983 period. A significant proportion of the increase came from overseas and interstate. Historically mental health nursing student numbers have been marked by very high wastage rates. The figures indicate at least 30 per cent on average each year. Comments from Mental Health Services suggested that because of the stressful nature of mental health nursing training it is surprising the rate is not higher. The Principal of the WA School of Nursing informed the Committee that it is expected that wastage rates will continue their recent decline because of the following factors:

- improved screening facilities for the selection of candidates;
- greater stability in the student workforce because of the economic climate;
- raising of education prerequisites which has attracted better educated and more suitable students;
- better supervision in the area of clinical instruction; more care has been taken to avoid placing first year students in high stress areas; and

- because of the increase in the number of clinical instructors in recent years there are fewer demands placed on students.

TABLE 7(1): MENTAL HEALTH NURSING STUDENT STATISTICS 1975-1983

YEAR	COMMENCEMENTS	WASTAGE(%)[1]	TOTAL STUDENTS	GRADUATES[2]
1975	101	39	209	47
1976	102	29	198	49
1977	73	33	274	48
1978	95	33	254	41
1979	66	42	233	89
1980	95	41	159	42
1981	44	39*	141	59
1982	77	27*	129	32
1983	81	12*	130	43

1) Wastage prior to 1979 refers to total withdrawals as a proportion of total students; subsequently it describes the wastage in the years entry cohort. Hence, wastage figures are not complete until three years have passed and the year's intakes have graduated.

2) Applicants successfully passing the examination of the Nurses Board.

* complete figures not available.

TABLE 7(2): MENTAL HEALTH NURSES REGISTERED WITH THE NURSES BOARD

YEAR	REGISTRATIONS	% CHANGE FROM PREVIOUS YEAR
1975	486	
1976	559	15.0
1977	578	3.4
1978	603	4.3
1979	694	15.1
1980	715	3.0
1981	794	11.0
1982	805	1.4
1983	832	3.4

Entry Requirements to Mental Health Nursing

7.7. The educational requirements for entry to the basic course in mental health nursing have been the same as for general nursing since early 1983 (refer to paragraph 5.13). There is also provision for mature age entrance. The particular demands of the profession result in a large number of mature age students who may undergo assessment in the form of a special examination by the Nurses Board prior to enrolment. In 1983 some 16 out of 61 applicants accepted into the program were in this category.

7.8. The mental health nurse education program is also available as a post basic course to general trained nurses who can complete the requirements in eighteen months. Early in 1984 some 29 of a total 158 students in mental health nursing were registered general nurses.

7.9. The Committee noted that implementation of the McGaw Report on the upper secondary school curriculum would have important effects on the educational entry requirements to basic nursing programs including mental health nursing training. The Committee was advised that the Nurses Board was undertaking a review of the matter. The Committee recommends:

RECOMMENDATION 7(1): That the Nurses Board complete its review of entry requirements to basic nursing programs as a matter of urgency and make its decisions widely known in the community as soon as possible.

Educational Program

7.10. The mental health nurse education program is carried out in the hospital setting. The course constitutes three major areas of study with instruction comprising, at present, approximately 800 hours of classroom theory and 500 hours of supernumerary clinical experience over the three year period. Major strands of the curriculum include:

Behavioural Science

- mental health nursing
- psychology
- sociology
- psychiatry
- intellectual handicap

Health Science

- medical nursing
- anatomy and physiology
- pharmacology

Nursing Science

- practical nursing skills
- introduction to research in nursing
- legal issues
- administration, management and organisation

7.11. There is a concentration on the behavioural sciences as is illustrated in Table 7(3), below, which provides a comparison of general and mental health classroom theory hours (1984 figures).

TABLE 7(3): COMPARISON OF THEORY HOURS IN GENERAL AND MENTAL HEALTH NURSING *

HOURS OF THEORY OVER 3 YEARS IN	WA SCHOOL OF NURSING MENTAL HEALTH NURSING		WA SCHOOL OF NURSING GENERAL NURSING	
	No.	%	No.	%
Health Science (Physiology, Pharmacology, Microbiology, etc)	176	23	256	24
Behavioural Science (including Psychiatry)	380	50	186	17
Nursing Science	200	26	646	60
TOTAL	756	100	1088	100

* These are instructional classroom hours; the remainder of theory hours are made up by study and supernumerary clinical practice.

7.12. As is the case in other hospital based nursing education programs nursing theory is provided to students in instructional study blocks followed by service on the wards. The nature of psychiatric nursing has demanded a high proportion of clinical experience for students - a minimum of 50 per cent.

7.13. From 1 July, 1984, the Mental Health School of Nursing has been amalgamated with the Western Australian School of Nursing. Many improvements have occurred in the hospital based training. In preparation for the amalgamation, there was extensive liaison work between the two schools which involved reciprocal teaching arrangements and the enlargement of the behavioural science component. The transfer may be facilitated by contruction of new teaching facilities at the WA School of Nursing site.

7.14. The amalgamation is expected to bring the following benefits:

- additional library access for mental health nursing students;
- mutual awareness of common issues between the various strands of the nursing profession;
- opportunities for student nurses of various kinds to socialise and enjoy an interchange of ideas in the WA School of Nursing setting; and
- inclusion of increased psychiatric nursing experience in the general WA School of Nursing program and an introduction to mental health nursing (three months) in the enrolled nurse programs conducted by the WA School of Nursing.

7.15. The Committee welcomed the amalgamation of the Mental Health School of Nursing with the WA School of Nursing and recommends:

RECOMMENDATION 7(2): That the present hospital based basic mental health nursing program conducted by the Western Australian School of Nursing be continued with appropriate staff, financial and physical resources.

Improvements to Mental Health Nursing Education Since 1978

7.16. There has been a number of improvements to the mental health nursing education program in recent years.

- Nurse educators are better qualified. In 1984, of the sixteen staff members, there were four educators with degree qualifications, four with diplomas in nursing education and three staff members are working towards degree status.

- During the same period there has been an increase in the number of teaching staff involved in the teaching of mental health nursing students, including nine clinical instructors. This has resulted in a major improvement in staff:student ratios, as noted in Table 7(4) below.

TABLE 7(4): MENTAL HEALTH NURSE EDUCATION STAFF:STUDENT RATIOS 1979-1983

	1979	1983
Nurse Educator-Student	1:60	1:16
Clinical Instructor-Student	1:50	1:16

- The hours of theoretical instruction under the control of the school will have been raised from under 800 in 1979 to approximately 1000 by the end of 1984. The intention is to raise this further to about 1600 by the end of 1985. In addition, the supernumerary experience will contain a significant theoretical component.

- Clinical experience for students has been widened to include an increase in community mental health nursing practice. In 1983, the first stage of relocation of psychogeriatric services into the community was undertaken, and at the beginning of 1984 the allocation of students into these units was commenced. Other community clinical experiences include psychiatric outpatient clinics and child and adolescent psychiatric units.

- The Mental Health Services School of Nursing was amalgamated with the Western Australian School of Nursing in July 1984 (see paragraph 7.13).

Employment Settings

7.17. Over the last decade the emphasis in mental health nursing has changed from a custodial to a therapeutic approach designed to return patients as quickly as possible to society. Treatment trends are towards the promotion of mental health and the prevention of mental illness. There has been an associated trend away from institutional to community care, although the traditional psychiatric hospitals are playing and will continue to play a major role in the delivery of long-term and acute mental health care.

7.18. Table 7(5) indicates the numbers of Government hospitals and centres in this State as of July 1984. Staffing levels are shown in Table 7(6). At the present time, Government facilities are concentrated in the metropolitan area although there are plans for rural centres.

TABLE 7(5): PSYCHIATRIC INSTITUTIONS (MENTAL HEALTH SERVICES)1984

TYPE OF INSTITUTION	NUMBER
Adult Psychiatry Division	
Hospitals *	4
Psychogeriatric Extended Care Units	2
Outpatient Clinics	8
Day Centres and Rehabilitation Units	7

Child and Adolescent Psychiatric Division	
Hospitals	2
Outpatient Clinics	3
Autistic Services	1
Day Centres	1

* One of the major hospitals (Swanbourne) is to be converted to four psycho-geriatric extended care units.

TABLE 7(6): STAFFING OF MENTAL HEALTH SERVICE FACILITIES (July 1984)

TYPE	REGISTERED MENTAL HEALTH NURSES	REGISTERED ENROLLED MENTAL HEALTH NURSES	NURSING ASSISTANTS	MOTHERCRAFT NURSES	STUDENT NURSES
HOSPITALS (including outpatient and day centres)	427	167	35	1	158
AUTISTIC SERVICES	13	7	2	-	-
COMMUNITY NURSING SERVICES	44	-	12	2	-
TOTAL	484	174	49	3	158

SOURCE: Health Department (Mental Health Services)

7.19. All nurses graduating from the hospital based basic and post-basic mental health nursing courses are offered employment within the Psychiatric Services of the Health Department. The public sector employs 98 per cent of the work force and all graduates are absorbed to cover vacancies. A notable feature of the work force is the majority male component, which is in remarkable contrast to other nursing services. In 1976, the proportion of males was 56 per cent; this was relatively unchanged at 52 per cent in 1981. In 1984 the proportion of male members of the Western Australian Psychiatric Nurses Association was 53.4 per cent. Males accounted for 46 per cent of mental health nursing students.

7.20. Because of trends in mental health care there are likely to be, in the long-term, increasing employment opportunities for mental health nurses. However, the output of graduates (see paragraph

7.5) is not keeping pace with the needs of major hospitals and the growth of specialised clinics and day care centres in this State.

EVALUATION AND ISSUES

The Changing Nature of Mental Health Care

7.21. Developments in the mental health field have resulted in a shift from institutional to community care and shorter periods of hospitalisation. While this shift has resulted in a reduced average number of bed days for patients, the number of re-admissions and the turnover of patients has increased and there has been an increase in the severity of illness, with a higher level of stress on nursing staff. (See Appendix 14).

7.22. The Committee was concerned to note that these developments were taking place at the same time as fewer mental health nurses are being trained and staff:patient ratios in some institutions are decreasing. Information from the 1983 Annual Report of the WA Mental Health Services indicated that ratios of nursing (qualified and student) staff to psychiatric in-patients admissions had declined from 70 per 100 in 1979 to 49 per 100 in 1983.(2) To some extent this reflects shorter periods of hospitalisation and increased numbers of re-admissions.

7.23. The supply and demand issue is, therefore, a vital one to the profession. Current statistics suggest that there will be insufficient numbers of trained mental health nurses to facilitate the shift in emphasis from institutional to community care and other new initiatives.

7.24. The Committee was advised that the reduction in the number of student nurses - see Table 7(1) - over recent years has arisen because of financial constraints imposed by Government. Concern was expressed that a continuing policy of "no growth" was unrealistic given the developments described and an increasing level of mental illness in the community. Admission rates at

major mental health care institutions are rising (3) and specialised clinics and community care centres are increasing in number - see Table 7(5).

The Committee therefore recommends:

RECOMMENDATION 7(3): **That the Health Department consider an increase in the number of student places in the mental health nursing course conducted by the Western Australian School of Nursing.**

RECOMMENDATION 7(4): **That the WA School of Nursing employ sufficient nurse educators and clinical instructors in mental health nursing to meet the ratios prescribed by the Nurses Board.**

RECOMMENDATION 7(5): **That the WA School of Nursing arrange the duties of mental health clinical nursing instructors so as to provide supervision and teaching of student nurses on all shifts.**

Requirements for Mental Health Nursing Recruitment

7.25. Concern about the recruitment policy for mental health nursing relates not only to questions of supply and demand as discussed in paragraphs 7.19 and 7.20, but also to the type of applicant. Mental health nursing recruitment policy stresses the importance of emotional and social maturity in applicants; an approximately 50 per cent male component is also regarded as desirable. The Committee was advised that a reduction in the proportion of male nurses could undermine therapeutic programs and produce a safety risk for staff, patients and the community. The Committee acknowledged the desirability of maintaining a recruitment policy favouring high intakes of male and mature age applicants.

A Transfer of Mental Health Nurse Education Training to Higher Education

7.26. There is some debate within the mental health nursing profession as to the desirability of transferring basic mental health nurse education into higher education. At present there are no college based programs for mental health nurses in this State; indeed, there are no such courses in Australia. The Committee agreed that, while a transfer of mental health nurse education might be desirable in the long term, the current hospital based program was successful. It acknowledged that maintaining the current recruitment policy which favours mature aged persons and males might be difficult in a college program in view of limited financial support for higher education students. TEAS allowances were often insufficient for such people. The Committee acknowledged a Commonwealth initiative to provide low cost loans to applicants for tertiary places. In recognising the need for a high proportion of mature age applicants it referred the issue to the Health Department to consider special measures should a transfer occur. For example, the Committee noted that its recommendation on scholarships (see Recommendation 4(12)) might be appropriate to encourage mature aged applicants.

7.27. Debate on the nature of the educational program in a college setting centred on the relative merits of the forms of mental health nurse education - comprehensive, integrated, and specialist study programs.

7.28. Generally speaking, comprehensive programs provide generalist training including a period (usually three to six months) of specialist mental health study towards the end of the course. Usually such courses are three years in duration although four year courses in some overseas schools prepare nursing students to practice as beginning qualified nurses in any setting. However, graduates from such courses would require post basic nursing studies if intending to specialise in any area of psychiatric nursing, clinical, community, educational, or administrative nursing services. The general nursing profession

in Australia supports the notion of a three and one-half to four year comprehensive program which prepares a beginning practitioner to function in any setting, ie. psychiatric and general nursing in hospitals and community settings.

7.29. Integrated programs, as the name suggests, alternate modules of general and psychiatric study over the whole duration of the course and lead to dual registration. "The tutors teach all aspects of the course and attempt to link the different experiences. The students move frequently from general to psychiatric areas with the intention of transferring skills and integrating attitudes and knowledge." **(4)**

7.30. Specialist programs in mental health nursing, either at basic or post basic level, provide theoretical instruction and clinical experience in the area of mental health care only. While there is a substantial theoretical component of health science and nursing science, the main emphasis is on psychiatric and behavioural science studies which are more relevant to this area of health care. (See Table 7(3).)

7.31. The main advantages of this type of training are that:

- the striking differences between general and mental health nursing are recognised and a correct theoretical emphasis is provided;

- extensive clinical experience in a mental health care setting - possibly the most effective way of gaining knowledge in this specialty **(5)** - is provided; and

- adequate instruction is available in those areas of health science and general nursing practice which may be of direct use in mental health nursing.

7.32. The main disadvantages are that:

- graduates only obtain a single certificate and are confined to one area of health care;

- there may, in the future, be restricted work mobility, for example, in gaining employment in other States; and

- additional studies need to be undertaken in order to obtain qualifications in general nursing.

7.33. The Committee was advised that in all States of Australia, and in Western Australia in particular, the mental health nursing profession regards a comprehensive course designed to produce a nurse capable of working in both the general and mental health fields as undesirable and unacceptable. Evidence from overseas (the United States, New Zealand, United Kingdom, Sweden, and Finland) shows that comprehensive nurse training has an unsatisfactory impact on the mental health field. **(6)**

7.34. The mental health nursing profession perceives a number of shortcomings to a comprehensive nursing program as it might relate to mental health nursing.

- There has been difficulty in recruiting a sufficient number of graduates to the mental health field in such courses overseas.

- There is concern that an insufficient proportion of male students or graduates will be attracted to mental health nursing.

- Mental health nurse educators, administrators and practitioners are concerned that there may be insufficient clinical experience in the psychiatric setting. A substantial proportion of theory hours in the WA School of Nursing mental health course is given over to supernumerary clinical experience.

- Table 7(3) indicates the high proportion of hours currently spent on theoretical instruction in the Behavioural Sciences (including psychiatry) in the mental health nursing curriculum. It would be difficult to maintain this high level of specialised instruction, as

well as an increased emphasis on general nursing skills, without sacrificing necessary psychiatric clinical experience in a comprehensive course.

. There is also concern about possible reductions in the standard of nursing care. Evidence from overseas indicates that insufficient specialised theory can result in a decline in the quality of patient care. (7)

7.35. An integrated four year degree course as exists in some institutions in the United Kingdom (8) would be preferable to a comprehensive course. The evidence indicates that in an integrated general and psychiatric course about half the students can be expected to go into mental health nursing. In a comprehensive course with a psychiatric component, the proportion can be far less - 8 per cent was quoted in one study (9).

7.36. The demand for mental health nurses suggests that such a low proportion opting for mental health nursing from a college based course would be insufficient to meet State needs. However, while mental health nursing educators, administrators and practitioners tend to support specialist training, they recognise the potential long-term advantages of an integrated program and believe it to be superior to a comprehensive one. Two of the most obvious advantages of the integrated course are that it leads to dual registration and that there is no heavy bias towards one particular specialty. However, one problem to note is that in the United Kingdom only 20 per cent of graduates who chose mental health nursing were males.(10) It is agreed that whatever decision is arrived at in a feasibility study (see Recommendation 7(13)) this problem of the proportion of males needs to be given close attention.

Strengths and Weaknesses of Existing Hospital Based Program

7.37. The present system of training mental health nurses is generally regarded as well-suited to meet the requirements of institutional care and is being modified to better accommodate

community service needs. In order to keep up with the trend towards community health, there has been an increase of 80 hours in the theoretical component of the three year basic course since 1979 together with an increase in supernumerary clinical experience. By the end of 1984 there will be approximately 1000 hours of theory and 500 hours of specialised supernumerary experience under the control of the school within the mental health nursing course. The intention is to further increase this to the point that the hours of theory for mental health nursing students will parallel those in general nursing.

7.38. However, there are limitations to the present system. The Committee was advised that reductions in student intakes in the years 1981-82 have contributed to a present shortage of graduates - see Table 7(1). The need to meet service needs in the mental health institutions as well as provide a quality education for students has also placed limitations on the hospital program. This was discussed in some detail with regard to general nursing - see Chapter 5. A further shortcoming is the lack of post basic clinical specialities in mental health nursing.

Improvements to the Hospital Based Mental Health Nursing Program

7.39. The Committee accepted that a hospital based program for the training of mental health nurses would continue to exist for an indefinite period. It also recognised that many changes have occurred and have been planned to improve the current course. However, it pointed to the desirability of even further improvements in line with those recommended for general nursing in hospital schools (see paragraphs 5.63 to 5.93). Such changes are intended to improve curricula and the quality of teaching in the mental health nursing course. The Committee recommends:

RECOMMENDATION 7(6): That the WA School of Nursing examine the possibility of increasing the time under the control of the School currently made available within the mental health student nursing program.

RECOMMENDATION 7(7): That the WA School of Nursing examine the possibility of revising, developing and evaluating curricula within the mental health nursing program on a full-time basis; this work to be undertaken either by releasing from teaching duties those with appropriate specialist skills or by appointing consultants on a short term basis.

RECOMMENDATION 7(8): That the WA School of Nursing consider increasing the study support they currently provide for mental health nurse educators to further upgrade their educational or clinical qualifications.

RECOMMENDATION 7(9): That the WA School of Nursing make increased provision for mental health nurse educators to maintain and improve their clinical knowledge and expertise.

RECOMMENDATION 7(10): That the WA School of Nursing consider the appointment of technical and other support staff to assist the preparation of audio visual, clinical simulations and other teaching materials for mental health nursing.

RECOMMENDATION 7(11): That the WA School of Nursing consider the use of counsellors who can advise mental health nursing students who may need special help with regard to their studies and to assist them to cope with stress.

RECOMMENDATION 7(12): That the WA School of Nursing examine the feasibility of using the joint applications process provided to higher

education institutions through the Tertiary Institutions Service Centre to streamline entry to schools of nursing.

7.40. In addition to its review of the strengths and weaknesses of hospital based training for mental health nurses and possible improvements to such training, the Committee considered the desirability of a transfer to higher education as is planned for general nurses. In this regard the Committee favoured the establishment of a pilot program.

RECOMMENDATION 7(13): That the WA Post Secondary Education Commission initiate discussions on the feasibility of a three year basic mental health nursing course leading to a diploma and mental health registration or a four year integrated program leading to a degree and dual registration at a higher education institution in 1986; that such a program be implemented on a pilot basis, with an initial intake of 40 students.

RECOMMENDATION 7(14): That the Health Department establish a team comprising nominees from the Department, the Nurses Board, and the WA Post Secondary Education Commission to evaluate the pilot program during the years 1986-87 and during the 1988-90 triennium on criteria including the following:

(a) quality of the program;

(b) length and structure of the course;

(c) ability of graduates to function effectively in the clinical setting; and

(d) number of mature age and male students who undertake the course in contrast to the number of mature age and male students in the hospital based program.

7.41. Among the issues the evaluation team would need to examine would be the safeguards for the continuity of employment of teaching staff of the mental health nursing course at the WA School of Nursing and the tenure of staff in the School of Nursing designated by Recommendation 7(13) to implement the pilot program in higher education. Discussions involving the Psychiatric Nurses Association and the staff association of the relevant academic institution would be important in these matters.

RECOMMENDATION 7(15): (a) That, given a positive evaluation of the pilot program for mental health nurses in higher education, the Health Department establish a Working Party comprising nominees of the Department, the Nurses Board, the Psychiatric Nurses Association and the WA Post Secondary Education Commission to ensure that the transfer of mental health nursing education takes place in an orderly fashion with a view to minimising difficulties for students, staff and the institutions involved in this transfer.

(b) That the Health Department and the WA Post Secondary Education Commission ensure that appropriate consultation takes place between employer and employee organisations involved in the transfer.

Further Education Opportunities for Mental Health Nurses

7.42. At the present time, there are few post basic courses available to registered mental health nurses. The further education opportunities that exist can be categorised into four areas:

- post basic options at certificate level;
- registration level course (general nursing);
- in-service education; and
- refresher/re-registration courses.

Post Basic Certificate Courses

7.43. Mental health nurses are eligible to enrol in Restorative and Continuing Care, a clinical certificate course offered by WAIT on behalf of the Health Department. It is two semesters in length. Details are included in Appendix 9. However, there are no specialist psychiatric certificate courses in, for example, adolescent psychiatric care. The Committee acknowledged the need for post basic certificate courses for mental health nurses and recommends:

RECOMMENDATION 7(16): That post basic endorsed certificate courses for registered mental health nurses in specialist mental health nursing be established by the Western Australian School of Nursing by 1987.

Post Basic Courses Leading to Registration in a Second Category (Hospital Based)

7.44. Registered mental health nurses can obtain a general nursing qualification leading to registration by enrolling for a two year hospital based courses conducted at Sir Charles Gairdner Hospital. However, they can enrol only when places are available in a second year class. Otherwise, a registered mental health nurse must complete a full three year basic program. At present six registered mental health nurses are enrolled in the three year course at Sir Charles Gairdner

Hospital. There is an extensive waiting list for the two year course. Registered mental health nurses who study general nursing over three years are not recognised as post basic students; they do not get the second year registered nurse pay rate as do general nurses studying mental health nursing, and this tends to discourage potential applicants. The State Government has already accepted in principle that the WA School of Nursing introduce an annual post basic course for mental health nurses wishing to obtain a general nursing qualification. The course is expected to begin in 1985 with an initial intake of 20 students. The Committee supports this development.

Post Basic Courses Leading to Registration in a Second Category (Higher Education Based)

7.45. Registered mental health nurses are eligible to undertake the two year bridging course at WAIT which leads to the Bachelor of Applied Science (Nursing).

7.46. Within the degree program at WAIT mental health nurses can choose streams of study in community health, clinical specialities and administration. However, the nursing education option is open only to those who are also registered general nurses.

7.47. In 1983, a syllabus for an advanced clinical course in mental health nursing was developed within the WAIT School of Nursing for students pursuing a degree. Because of insufficient qualified applicants and lack of scholarships the course was not introduced. The availability of sufficient scholarships/secondments for mental health nurses to undertake this program is now under review by the Health Department.

7.48. The Committee favoured the introduction of an advanced clinical specialty by the WAIT School of Nursing and recommends:

RECOMMENDATION 7(17): (a) That the mental health nursing option (Advanced Clinical Stream) in the bachelor degree course at the WA

Institute of Technology, School of Nursing, be introduced in 1985, provisional on the enrolment of at least six full-time students (that number required by WAIT to make the course viable).

(b) That the Health Department provide scholarships/secondments for qualified applicants to this course in order to assist the upgrading of the mental health profession.

Inservice Education

7.49. In order to aid practicing mental health nurses improve their knowledge and skills, more inservice education courses are desirable. At the present time there is one specialised inservice course in mental health nursing offered to four intakes annually for a two week period. Each intake is fifteen students in size. In addition, there are short inservice courses on topics of general interest - stress management, time management, and general management principles, for example.

7.50. The Committee supported the concept of inservice education and recommended that current provisions be reviewed - see Recommendation 6(1).

Refresher/Re-registration

7.51. Given the reduced intakes into mental health nursing in recent years, and the apparent growing need for these nurses in view of developments in the mental health field, refresher/reregistration courses are advocated as a short term response in meeting this demand. At present no refresher courses are offered on a regular basis. The Committee agreed that this situation should be rectified and recommends:

RECOMMENDATION 7(18): That the WA School of Nursing conduct a specifically designed refresher/ re-registration course for mental health nurses according to demand, the course to include adequate supervised clinical experience; that students undertaking refresher/re-registration training not be charged a tuition fee.

Industrial Matters

7.52. Industrial matters focus upon the ramifications of a possible transfer of mental health nursing education to higher education. Many of the registered mental health nurses employed by the Health Department have been trained in the hospital system and have extensive working experience. When and if a pre-registration higher education course is introduced, there are implications for practicing nurses and teaching staff. Concern has been expressed that hospital trained nurses may be disadvantaged in employment and promotional prospects if graduates from higher education programs enter the workforce. Hospital graduates must have opportunities for bridging courses or direct access to higher education. Also, practicing mental health nurse educators and clinical instructors with appropriate experience need some assurance of employment opportunities in the higher education sector and should be given the opportunities to upgrade their qualification to make such a transfer.

SUMMARY

7.53. The Committee has reviewed the issues relating to the education of mental health nurses in Western Australia and concluded that it is necessary to increase the total number of students in the appropriate male:female ratio in order to cope with new initiatives in mental health care and to improve the staffing levels which have declined in recent years. The mental health nursing profession is well aware that the transfer of general nursing from hospital to college programs has implications for

the training of its members. The major recommendations of the Committee focus upon the establishment of a pilot program in a college which, if successful, will provide the basis for a complete transfer from hospital training within the next decade.

CHAPTER 7 - NOTES

1. Hildegard Peplau. "Psychiatric Nursing: Role of Nurses and Psychiatric Nurses" International Nursing Review, Vol 25(2), 1978, p.1.

2. Mental Health Services, Annual Report 1983, p.49

3. ibid. Refer also to Appendix 14.

4. R B Coombes, "An Integrated SFR/RMN Course - Occasional Paper" Nursing Times, Vol 77(12), 16 April 1981.

5. Altschul A, "Interview - Psychiatric Nursing in Great Britain" Journal of Psycho-Social Nursing, Volume 22 (1) January 1984, p.38-39

   Altschul A, "Some Problems in Training Psychiatric Nurses", Unpublished paper, held by the Mental Health Services WA, p.1-5

6. See for example, discussion in:
   The National Swedish Board of Education, Basic Nursing Education in Sweden; I Munninger, Helen Bailey Scholarship 1974; D Cormack, "Psychiatric Nursing in the USA", Journal of Advanced Nursing Vol 1, 1976; R Coombes, op.cit; New Zealand Service Association Interboard Liaison Group Working Party, Psychiatric/Psychopaedic Hospitals, October 1981.

7. B Keane, "Psychiatric Nursing ... Current Stress and Future Distress", Journal of the Australian Congress of Mental Health Nursing, December 1983, pp. 12-14.

   T J Fink and S P Weinstein, "Whatever Happened to Psychiatry? The De-Professionalisation of Community Mental Health Centres" American Journal of Psychiatry, Vol.136 (4a) April 1979, p.407.

8. For example, the Polytechnic of the South Bank.

9. "Post Basic Education for Psychiatric Nurses. What Do We Need?" New Zealand Nurses Journal, April 1979.

10. R B Coombes, op.cit, p.51

CHAPTER 8 - THE REGISTERED ENROLLED NURSE

BACKGROUND

8.1. Registered enrolled nurses are the second largest occupational group of nurses in Western Australia - approximately 38 per cent of the number of registered general nurses in 1983.

The Role of the Enrolled Nurse

8.2. The role of an enrolled nurse has, since 1978, been defined by the Nurses' Board:

> An enrolled nurse is a person who by virtue of training and examination is qualified to provide generalised nursing care of a nature requiring both technical and inter-personal skills, under the supervision of a registered nurse. (1)

8.3. Like all nursing personnel, the enrolled nurse is expected to demonstrate a caring concern for patients. The enrolled nurse, as an integral member of the health team, must have communication skills to liaise with peers, other health personnel and the wider community; and the self discipline to work within the structures of the employing authority, be that hospital or community based.

Functions and Competencies of the Enrolled Nurse

8.4. The Nurses Board requires that registered enrolled nurses be able to carry out the specific functions listed below: (2)

- initiate and carry out, without modification, nursing care consistent with the education program, for individuals with an established regimen of treatment;
- observe, record and inform supervisory personnel of progress in persons under their care;
- contribute to health teaching of individuals and families;
- contribute to the implementation and evaluation of the plan of nursing management;

- consult with and rely upon the judgment of the registered nurse or other health professional in decision making; and
- perform additional specialised nursing functions for which the enrolled nurse has received further formal education, as recognised by the Nurses Board.

8.5. At the conclusion of their training period enrolled nurses are expected to have certain competencies in a number of areas related to patient care. These competencies have been detailed by the Nurses Board and are contained in Appendix 15.

THE CURRENT SITUATION IN WESTERN AUSTRALIA

Enrolled Nursing: Trends in Student Statistics and Registrations

8.6. Tables 8(1) and 8(2) provide information on the supply of enrolled nurses in Western Australia. The figures indicate that there has been an overall increase of enrolled nurses on the register during the last decade, an average annual growth rate of 4.3 per cent compared with a population growth of 2.2 per cent annually. The supply of enrolled nurses is provided in part from enrolled nurses from interstate and overseas (see Table 3(2)). The Committee was advised that problems arise when enrolled nurses from some Eastern States wish to register in Western Australia. Extra supervised clinical practice is required, up to six months in some instances because of the greater theoretical content of enrolled nurse training in this State - see paragraph 8.18.

8.7. During the past decade there has been a substantial decline in the number of students commencing training and the number of graduates from the program. Commencements declined some 55 per cent, total students dropped 39 per cent and the number qualifying by 24 per cent. Over the period the wastage rates in the course were low, relative to general nursing, fluctuating between 10 per cent and 20 per cent.

TABLE 8(1): ENROLLED NURSING STUDENT STATISTICS 1975-1983

YEAR	COMMENCEMENTS	WASTAGE(%)[1]	TOTAL STUDENTS	GRADUATES[2]
1975	471	26	473	366
1976	479	19	436	362
1977	459	19	441	379
1978	451	16	434	363
1979	238	26	461	174
1980	322	16	432	311
1981	244	10	384	281
1982	186	17*	348	249
1983	210	4*	288	277

1) Wastage prior to 1979 refers to total withdrawals as a proportion of total students; subsequently it describes the wastage in the year's entry cohort. Hence, wastage figures are not complete until eighteen months have passed and the year's intakes have graduated.

2) Applicants successfully passing the examination of the Nurses Board.

* complete figures not available

TABLE 8(2): ENROLLED NURSES REGISTERED WITH THE NURSES BOARD OF WA (as of 31 December)

YEAR	NUMBER REGISTERED	% CHANGE FROM PREVIOUS YEAR
1975	2915	
1976	3047	4.5
1977	3280	7.6
1978	3268	-0.4
1979	3573	9.3
1980	3850	7.8
1981	4139	7.5
1982	4280	3.4
1983	4274	-0.2

8.8. Much of the decline in commencement figures can be attributed to the closure of a number of enrolled nursing schools in the last decade. These are listed in Table 8(3) below.

TABLE 8(3): CLOSURES OF SCHOOLS OF ENROLLED NURSING

Mental Health Services	- program ceased 1981
Sir Charles Gairdner Hospital	- program ceased 1978
Princess Margaret Hospital	- program suspended 1983
Collie Hospital	- program ceased 1978
Merredin District Hospital	- program ceased 1974
Repatriation Hospital, Hollywood	- program ceased 1978
Fremantle Hospital	- program ceased 1981

Locations of Schools of Enrolled Nurse Training

8.9. Currently, enrolled nurses are trained in ten locations in Western Australia, seven of which are in country hospitals. Table 8(4) provides a listing of these schools and the number of students in training as of July 1984.

TABLE 8(4): LOCATIONS OF SCHOOLS OF ENROLLED NURSING

	NUMBER IN TRAINING*	
	Actual July 1984	Establishment Level
Albany Regional Hospital	19	20
Bunbury Regional Hospital	24	21
Derby Regional Hospital	9	12
Kalgoorlie Regional Hospital	20	20
Mt Henry Hospital	73	75
Narrogin Regional Hospital	16	20
Port Hedland Regional Hospital	14	12
Swan Districts Hospital	20	20
Warren District Hospital, Manjimup	14	15
Western Australian School of Nursing	60	75
TOTAL	274	290

* It is difficult to provide accurate figures on enrolled nurses as intakes may vary considerably from class to class. Some schools take three groups annually, others only one.

Entry Requirements to Enrolled Nursing Courses

8.10. Currently applicants are required to have studied mathematics at 10th year elementary level or better and completed 11th year with passes in four subjects, including English or English Literature and preferably Human Biology, or such other qualifications as the Nurses Board deems to be equivalent or higher.

8.11. Provision is made by the Nurses Board for alternative education entry. Age of entry is usually 17 years but a proportion of places is reserved for mature age applicants who display aptitude and may have had some experience in hospitals.

8.12. The Committee noted the implementation of the McGaw Report on the upper secondary school curriculum would have important effects on the educational entry requirements to basic nursing programs including enrolled nurse training. The Committee was advised that the Nurses Board was undertaking a review of the matter. The Committee recommends:

RECOMMENDATION 8(1): That the Nurses Board complete its review of entry requirements to basic nursing programs as a matter of urgency and make its decisions widely known in the community as soon as possible.

Educational Program

8.13. All enrolled nurse programs are currently conducted at hospital based Schools of Nursing.

8.14. The student undergoes a minimum of 480 hours* (as of November 1984) of theoretical instruction with a specified range of clinical experience which must include medical and surgical nursing in order to acquire the competencies listed in Appendix 15. The normal course of instruction is of eighteen months duration. The syllabus is comprised of study in the Biological, Behavioural and Nursing Sciences.

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* One School of Nursing reports a provision of 520 hours theoretical instruction.

8.15. Considerable improvements have been effected in the training of enrolled nurses since the release of the Sax Report:

- hours of instruction have increased from 360 to 480 - a rise of 25 per cent;
- there are more qualified nurse educators teaching in enrolled nurse programs;
- entry requirements have risen from Year 10 to Year 11 level;
- the program has been broadened to include community nursing experience;
- some uneconomic country schools with limited clinical experience have closed - see paragraph 8.7;
- there have been improvements in the nursing skills required for registration - see Competencies, Appendix 15;
- the syllabus is now focused more on total patient care, de-emphasising the traditional task orientation; and
- facilities (buildings) for enrolled nurse students have improved.

8.16. Prior to 1981 there was a basic program for enrolled nurses within the Mental Health Services. Because of limited employment opportunities this program has ceased. However, it is still possible for students who complete eighteen months or more of the three year basic program in mental health nursing to apply to the Nurses Board to sit a registration examination for enrolled mental health nursing.

8.17. With the cessation of a basic program for enrolled mental health nurses within the mental health services, a recent innovation at the WA School of Nursing has been the introduction of three months mental health nursing experience within the enrolled nurse program. At the same school there has also been the

addition of four weeks community experience within the general enrolled nurse program, which should increase the ability of graduates to work in a variety of settings. This is timely because of the expansion of extended care services throughout the State in line with Government policy. The affiliation of the Mental Health Services School of Nursing with WASON (as of July 1984) has facilitated these developments.

Employment Settings for Enrolled Nurses

8.18. Enrolled nurses in Western Australia, with their 480 theory hours (compared with as little as 85 hours in some other States), are valued nursing team members. They are employed in the private acute sector and in public, metropolitan and rural hospitals; and a small number of Aborigines or those with ethnic backgrounds is employed by community nursing services. Nursing homes employ a small number of enrolled nurses and it is anticipated that proposed amendments to State Private Hospital Regulations will result in increased employment opportunities in the private sector. This legislation, which is expected to be brought down within the next twelve months, will ensure that each patient is allocated a specific number of hours of nursing care, a proportion of which will be delivered by registered general nurses, registered enrolled nurses and nursing assistants (who have no formal nursing qualifications).

Further Education Opportunities for Enrolled Nurses

8.19. Further education for enrolled nurses is of two types: short in-service courses which are employer initiated and longer programs which lead to a post basic qualification. At the current time few hospitals provide in-service training courses for enrolled nurses. There is one post basic course in orthopaedics which caters for eight students annually under the auspices of the WA School of Nursing. A course in paediatrics which formerly trained 24 students per year at Princess Margaret Hospital has been suspended.

8.20. Enrolled nurses who have been away from the workforce for five years or more must undergo refresher training to gain re-entry. Recent experience indicates a healthy demand for such programs. Re-registration courses are currently offered at Mount Henry School of Nursing. They are four weeks in duration and comprise formal lectures and supervised study for which a $200 fee is required from the student. No salary is payable during the clinical practice period. An alternative method is to undertake three month's supervised practice in a hospital approved by the Nurses Board. Such practice is difficult to obtain because the student must be paid by the hospital providing the experience.

EVALUATION AND ISSUES

General Comments

8.21. The Committee concluded that, despite considerable improvements in recent years, further improvements in the training of enrolled nurses are desirable due to a widening range of practice settings: for example, extended care, mental health, and the private sector. Such changes are required at all levels of training for enrolled nurses - pre-registration, further education, and refresher/registration courses.

8.22. The nursing profession is committed to a basic structure of nurse education as enunciated in a position paper on the goals of nursing education in April 1976. This paper confirmed current arrangements for nursing personnel: **(3)**

- there should be two categories of nursing personnel - the professional nurse, and the auxiliary* nurse;
- these two categories of nurses work in a variety of health care services, and should provide nursing care which contributes to the promotion of health, the prevention of illness, the care of the sick and the restoration of an optimal level of health;
- the distinction between these two categories of nurses should reflect the different levels of decision-making required in the work situation;
- education programs for professional nurses and for auxiliary nurses should reflect the different levels of decision making required;

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* All nurses not three year trained.

- education programs for auxiliary nurses should be funded through the appropriate education authority such as the Technical and Further Education Commission **;
- education programs which prepare auxiliary nursing personnel should be conducted by multi-disciplinary education institutions at the sub-tertiary level; and
- the ratio of the two categories of nurses in the workforce should be such that there are sufficient professional nurses to plan, supervise and evaluate nursing care and provide the professional nursing care needed.

8.23. Within this frame of reference a National Goals of Nursing Education position paper in 1983 concluded that:

> Fundamental changes are needed at all levels of nursing education - basic, post basic and continuing; these need to be undertaken simultaneously because the effectiveness of change in one area will influence and be influenced by the others. (4)

8.24. The Committee acknowledged the longstanding desire on the part of many members of the nursing profession to transfer the education of all nurses to post secondary institutions. While such a transfer is occurring in general nursing and will be complete within the next decade as a consequence of recent Commonwealth initiatives, little has been yet done with regard to enrolled nursing.

8.25. The Committee agreed that changes to general nursing were likely to have effects on the training of enrolled nurse students and their duties. As has been discussed in Chapter 5, a rationalisation of clinical experience for all nursing students, including enrolled nurses, will be required - see Recommendation 5(16). This could affect the clinical component of the course. Qualified enrolled nurses may have altered duties in hospitals as general nurse students transfer to the colleges and are replaced by a proportion of enrolled nurses.

** Technical and Further Education Commission has since been replaced by Commonwealth Tertiary Education Commission.

Enrolled Nurses: Supply and Demand Issues

8.26. The figures in Table 8(1) indicate that there has been a substantial decline in the number of enrolled nursing students in the last decade. While supply and demand have been in reasonable balance over that period, recent manpower information from the Health Department has foreshadowed a shortage of qualified personnel.

8.27. The Committee recognised that such a shortage could arise from a variety of factors including the following.

- The transfer to colleges of general nurse students will require their replacement by a proportion of registered enrolled nurses.

- Changes to the Private Hospital Regulations will increase the demand for qualified persons in the private sector.

- Any transfer of enrolled nurse training to post secondary education institutions will result in their replacement in hospitals by fully qualified personnel.

8.28. In view of this predicted increased demand for registered enrolled nurses, the Committee recommends:

RECOMMENDATION 8(2): That the Health Department review the demand for enrolled nurse graduates with a view to increasing intakes, if necessary.

Pre-Service Training: Hospital Based Programs

8.29. Currently all pre-service student nurses are enrolled in hospital based programs. As with students in general nursing courses this requires a complex timetabling effort to ensure that students have sufficient theoretical instruction, adequate clinical experience, yet are able to fulfill their service commitments to the training hospitals.

8.30. The complexity of this arrangement requires that any changes which might occur to the educational portion of a hospital based program must be considered within the context of the student's service commitment. Nursing students are an integral part of the rostered workforce. Replacements have to be found during annual leave, study leave, sick leave, etc.

8.31. Information regarding the enrolled nurse program at the Western Australian School of Nursing can provide an illustration of the complexity of timetabling required to coordinate the activities of enrolled nurse students during their eighteen month program. At the WA School of Nursing there are three annual intakes of approximately twenty students. During the training period of any individual intake, therefore, there will be three to four other groups of students at varying stages of their course.

8.32. Enrolled nurse students participate in a total of six study modules during their training which are separated by varying lengths of rostered service on the wards. The study blocks range from a substantial six week period for commencing students, to two weeks for Blocks 2 and 3 and one week each for the remainder, making a total of thirteen study weeks. During the classroom sessions students spend approximately 69 per cent of their time on Nursing Science (including administration), 17 per cent on Health Science and 14 per cent on Behavioural Science. Their clinical experience, which may not follow on directly from classroom theory, must include medical, surgical, orthopaedic and geriatric nursing.

8.33. The Committee recognises that there are both advantages and disadvantages associated with the current system of hospital based enrolled nurse training. These advantages and disadvantages have been grouped into four areas - student-related, country training, curriculum and general administrative issues.

8.34. The Student Enrolled Nurse (Hospital Based Program)

- During their eighteen months of training, students are able to earn a salary. This may improve access to the program for applicants from disadvantaged backgrounds. Weekly rates as of July 1984 were $176.30 for first year students and $205.50 for those in second year. Experienced nursing assistants from Government and certain private hospitals may commence at a higher rate ($247.90 if over 19 years).

- In many locations subsidised accommodation is available to enrolled nurse students which makes enrolled nurse training attractive to potential applicants.

- Some country students are able to train in a hospital near their home environment in contrast to general nurse students who must go to the metropolitan area.

8.35. Country Based Enrolled Nurse Training (Hospital Based Program)

- The existence of country schools is in line with Government decentralisation policies.

- Such schools make available a stable supply of graduates in some remote areas where staff recruitment is a problem.

- Maintaining small, uneconomic schools may disadvantage students because there is often an inadequate variety of clinical experience available in small rural hospitals.

- Where a small school exists, one intake runs for eighteen months and is then replaced by a new intake. This may have unfavourable implications for patient care.

- There is often difficulty in recruiting qualified nurse educators to country areas.

- Staff and students in remote areas suffer from social and professional isolation.

8.36. The Enrolled Nurse Curriculum (Hospital Based Program)

- Because of rostered service commitments, it is often difficult to correlate the theory of nursing as discussed in the classroom to the clinical practice in the hospital. This denies students flexibility in observing clinical practice elsewhere in the hospital.

- Students do acquire skills in real life situations, making the theory meaningful in a learning on-the-job model. However, the work is primarily task oriented.

- In a situation where students are relied upon as workers they are frequently required to perform tasks for which they are unprepared.

- Although the educational program claims to include the promotion of health, only one school offers community experience or opportunities to explore the concept of "wellness".

8.37. Administrative Issues (Hospital Based Program)

- Currently, there is no transferability of the enrolled nurse qualification with credit* into the general course. Hence, enrolled nurses feel there are few opportunities for advancement.

- There is competition for clinical experience where two levels of program are provided in the same hospital.

- Enrolled nurse and general nurse programs are staffed separately. Because of some overlap of responsibility, however, (and ratios of RGNs and RENs) this has not always been satisfactory and many hospitals no longer run both programs.

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* without having to repeat the required clinical experience

In order to ensure the availability of appropriate types of clinical experience, the Committee recommends:

RECOMMENDATION 8(3): That the Nurses Board establish a committee to coordinate and rationalise the allocation of clinical placements in health agencies amongst the post secondary education institutions. Members of this Committee should include representatives of the Health Department, major teaching hospitals, community health agencies and the relevant tertiary education institutions.

Country Training

8.38. An issue which concerned members of the Committee was a perceived inadequate provision of a broad range of clinical experience in some country schools of enrolled nursing education. Over the years, one of the reputed strengths of enrolled nurse education in this State has been the provision of training in seven country centres. Enrolled nurse students have been able to complete their training close to their home environment. There has been a low attrition rate among local students and it has produced enrolled nurses who are willing to work in country hospitals, although there has been no guarantee of employment for such people upon graduation.

8.39. The decline in the numbers of students at country schools is of concern. As of July 1984 there were 121 enrolled nurse students training in country hospitals compared with 163 in 1978. While the Committee is anxious that any revised training program for enrolled nurses should include the provision of training in major regional centres, close attention must be paid to the costs of small schools. Uneconomic country schools which

cannot provide an educationally sound program should be reviewed and either discontinued or combined with a major centre (for example, Derby with Port Hedland).

The Committee recommends:

RECOMMENDATION 8(4): That to enhance clinical experience and avoid unnecessary costs, country training be rationalised into three main areas - Port Hedland, Bunbury and Kalgoorlie; that the possibility of retaining the Derby school primarily for the training of Aboriginal enrolled nurses be considered at a later stage, if recommendations to encourage retention of Aboriginal students in Year 11 are successful (see Recommendations 4(6) and 8(6)).

RECOMMENDATION 8(5): That the Health Department ensure that hospitals operating enrolled nurse schools have identifiable budgets for the education costs associated with these schools.

Transfer of Enrolled Nurse Education to Post Secondary Education

8.40. The Committee has discussed the possibility of transferring the education of enrolled nurses to the Technical and Further Education (TAFE) sector of post secondary education, the major provider of which in Western Australia is the Technical Education Division (TED) of the Education Department. There are a number of valid reasons for this, assuming the desirability of moving away from hospital based training,

8.41. Many arguments which pertain to the transfer of general nurse education to higher education can also apply to enrolled nursing - see Chapter 5. In particular, enrolled nurses are concerned that service commitments take priority over educational objectives. In addition, the changed nature of health care

delivery, reflected in the increasing complexity of technology and pharmaceutical products, has demanded greater responsibility of enrolled nurses. With the transfer of general nurses into higher education and the deeper theoretical content that will be provided to them, the Committee concurred that it might prove advantageous for enrolled nurses to move in a similar direction in order to provide general nurses with better trained assistance.

8.42. In such circumstances, the Technical Education Division seems to be an appropriate provider of enrolled nurse education. The Committee accepted the reasoning put forth in the TED submission:

- similar health industry courses and units such as those for laboratory assistants are conducted by the TED;
- the Division offers courses at certificate and diploma level (one of which would be appropriate);
- the Division accepts students with similar entrance education levels as to those currently entering enrolled nurse training; and
- regional colleges could continue the practice of educating enrolled nurses in regional centres.

8.43. Given the likely involvement by the Technical Education Division in enrolled nurse education should a transfer to post secondary education eventuate, the desirability of mounting a pilot program was discussed with the Division. The TED was prepared to provide such a program for 60 students commencing in 1986 in a metropolitan location. Following a detailed evaluation of the program a decision could be made as to the desirability of a complete transfer, a dual system, or a return to hospital based training.

8.44. The discussions about transfer must take into account factors other than education, including location, access, and duration of the course.

Location

8.45. Most of the metropolitan and some of the country TED colleges have hospitals relatively close to them. There is also access to specialised clinical areas such as Princess Margaret Hospital. Elsewhere in the TAFE sector are regional colleges in Port Hedland and Kalgoorlie. In the metropolitan area the WA College of Advanced Education currently offers courses at both TAFE and associate diploma levels.

8.46. In order to effect a rational use of staff and facilities, the Committee viewed the implementation of enrolled nursing in the TAFE sector as best consolidated in a few major programs.

Access

8.47. Access continues to be a major concern for country students - see Chapter 4. It is anticipated that country students could be serviced by the country technical colleges or regional colleges (Hedland College, Kalgoorlie College, Bunbury Technical College) conducting the theory components, with the clinical experience provided at the appropriate local hospital. Students living in country centres might thus be induced to remain in their home area for training, and be available for employment on graduation. This issue would be discussed as part of the pilot program evaluation.

8.48. The need for special access for Aboriginal students is recognised and it is envisaged that extra regional centres should be designated for this purpose if sufficient numbers of suitable applicants are available - see Chapter 4. The Committee recommends:

RECOMMENDATION 8(6): That the Education Department be asked to review its general provision for Aboriginal students to enable them to meet Year 11 requirements for entry to enrolled nursing.

RECOMMENDATION 8(7): That institutions providing bridging courses for Aboriginal students provide these programs on a cyclical basis in regional centres and seek funding from the Department of Education and Youth Affairs and the Department of Aboriginal Affairs.

Duration of Course

8.49. The Committee agreed that the course must be of four semester's duration in order to provide an equivalent number of hours to the hospital based course. Any shortening of the course could have adverse effects on the value of the qualification awarded.

Criteria for Transfer of Enrolled Nurse Education to Technical and Further Education

8.50. It is seen as essential that any program of enrolled nurse education conducted through Technical and Further Education providers should be contingent on the following criteria:

- the award of a certificate or diploma on successful completion of enrolled nurse training; (depending upon the conclusions of a current inquiry into a national nomenclature for TAFE awards);

- credit for course undertaken during enrolled nurse training to be considered for those seeking to undertake general nurse training; and

- establishment within each TAFE provider of a nursing department, to be responsible for development and revision of curricula, establishing post-basic courses and initiating continuing education programs.

8.51. Appendix 16 contains proposals from the Technical Education Division on the structure and content of programs in nursing education. In establishing a pilot program within the Technical

and Further Education sector for enrolled nurses, any advisory committee planning the program or arranging for its evaluation would need to examine safeguards for the continuity of employment of teaching staff of hospital schools of nursing and the tenure of staffing in the TAFE institution(s) should a complete transfer be recommended. Discussions involving the Hospital, Service and Miscellaneous Workers Union and the appropriate academic staff associations and/or unions would be important in these matters.

RECOMMENDATION 8(8): That the Health Department establish a Nursing Advisory Committee comprising nominees of the Department, the Nurses Board, the Hospital, Service and Miscellaneous Workers Union, and the WA Post Secondary Education Commission, to plan a pilot program of 60 students in addition to hospital based enrolled nurse intakes; that the course be planned in 1985, to commence in 1986, and be conducted by a Technical and Further Education provider in the metropolitan area.

RECOMMENDATION 8(9): That the Health Department establish a team comprising nominees from the Department, the Nurses Board and the WA Post Secondary Education Commission to evaluate the pilot program by the beginning of the 1988-90 triennium on criteria including the following:

(a) quality of program;

(b) length and structure of course;

(c) student demand for places in contrast to demand for hospital program;

(d) comparison of TAFE based and hospital based graduates in the clinical setting; and

(e) possibility of transfer of credit for enrolled nursing qualification to general nursing program.

That, as part of the evaluation, consideration be given to the possibility of providing an associate diploma program for enrolled nurses in the advanced education sector.

RECOMMENDATION 8(10): (a) That, given a positive evaluation of the pilot program for enrolled nurses in post secondary education, the Health Department establish a Working Party comprising nominees of the Department, the Nurses Board, and the Hospital, Service and Miscellaneous Workers Union and the WA Post Secondary Education Commission to ensure that the transfer of enrolled nursing education takes place in an orderly fashion with a view to minimising difficulties for students, staff and the institutions involved in this transfer.

(b) That the Health Department and the WA Post Secondary Education Commission ensure that appropriate consultation takes place between employer and employee organisations involved in the transfer.

RECOMMENDATION 8(11): That the WA Post Secondary Education Commission ensure that the level of award offered by the Technical and Further Education institutions offering enrolled nursing courses is consistent throughout the State.

RECOMMENDATION 8(12): That, pending the results of the evaluation, the Health Department undertake a review of all activities associated with enrolled nurse training with a view to coordinating any changes with those in general nurse education.

RECOMMENDATION 8(13): That, following evaluation of the pilot program, the Health Department rationalise existing hospital programs for enrolled nurses in accordance with identified manpower needs.

Further Education Opportunities for Registered Enrolled Nurses

8.52. Many submissions received by the Committee indicated a need for further education for enrolled nurses. There are four related areas to consider:

- post basic specialist options;
- in-service training;
- opportunities for upgrading; and
- refresher/re-registration courses.

Post Basic Specialist Education

8.53. The current provision of eight places annually in a single post basic specialty, orthopaedics, is seen as totally inadequate by the Committee. At the current time, enrolled nurses have realistically no options for further education at the conclusion of their eighteen months' training. There is a need for more specialist options leading to a post-basic qualification endorsed by the Nurses Board. At the very least, some programs

which previously existed should be reinstated, based on indicated need. There is a great need in the community for enrolled nurses with post basic experience. Country hospitals, in particular, are seeking nurses with extended care and paediatric experience. The planned establishment of psychogeriatric units at major peripheral hospitals will require enrolled nurses with a post basic qualification in mental health. The Committee recommends:

RECOMMENDATION 8(14): That the Health Department make available post basic courses for enrolled nurses in areas of identified need; for example, extended care, paediatrics and mental health; that these areas should be determined by the Health Department in consultation with the Nurses Board and nursing organisations.

In-Service Training

8.54. At the present time, few hospitals have a commitment to provide regular in-service training programs for enrolled nurses to encourage ongoing professional development of staff. The allocation of separate funds in hospital budgets for such a purpose has been seen by the Committee as one means of re-dressing perceived inadequacies in educational opportunities. Hospital accreditation criteria will require qualified personnel to run in-service and other courses in hospitals. Such personnel will be allocated according to staff numbers on a ratio yet to be determined although the Royal Australian Nursing Federation supports 1:150. The Committee supports inservice education for the nursing staff of all Government departments and agencies consonant with Recommendation 6(1).

RECOMMENDATION 8(15): That all Government departments and agencies which employ nursing personnel review inservice education opportunities; and that such departments and agencies have an identifiable education budget for these needs.

Upgrading of Qualifications

8.55. An associated problem in the further education area is the difficulty currently experienced by enrolled nurses in upgrading their qualification. This problem was identified in the Sax Report (1978):

> There remains the problem of career progression for the nurse-aide. Some States give nurse-aides credit for previous experience when they enter a general nursing course. For example, both South Australia and Western Australia will grant credit of up to six months in the practical experience component of general nursing education. However, they seldom are able to take full advantage of these credits because of the requirement to complete all of the theoretical components of the course and the consequent need to fit into theoretical study blocks. (5)

Such problems are compounded for country based enrolled nurses who wish to upgrade as no general nursing programs are wholly conducted in rural areas of Western Australia.

8.56. The Committee has concluded that, should enrolled nurse training be undertaken in the Technical and Further Education sector and should this program bring a student to TAFE Diploma level, there should exist the possibility of transfer, with some credit, to a general nurse course in higher education, or at least to a "challenge" examination (students with demonstrated clinical competence can sit the examination without undertaking the

course of lectures for a particular unit) for some units, such as occurs in some North American Schools of Nursing. The Committee recommends:

RECOMMENDATION 8(16): That the Health Department provide bridging courses to enable enrolled nurses, both general and mental health, to gain dual qualifications; that every effort should be made to grant students credit towards the higher qualification on the basis of their clinical experience and previous qualification.

Refresher/Re-Registration Courses

8.57. Hospital based refresher/re-registration courses are seen as another area in need of review. In view of apparent community demand for such courses and given the desirability of producing larger numbers of qualified enrolled nurses to meet a projected increase in demand for them, the Committee saw three distinct advantages to the further development of refresher/ re-registration courses.

- They are economical.
- They provide a quick response to an increase in demand for enrolled nurses.
- They allow mature persons to utilise skills and experience that would otherwise be lost to the community.

The Committee recommends:

RECOMMENDATION 8(17): That the Health Department assess the need for refresher/re-registration courses for enrolled nurses and conduct such courses without tuition fees.

Enrolled Mental Health Nurses

8.58. While a register continues to be maintained for enrolled mental health nurses, no students have commenced this course since 1981. Given the current limited employment opportunities within Western Australia for enrolled mental health nurses, the Committee queries whether this basic course should recommence. A current program (as noted in 8.16) provides for a three month period of mental health experience for enrolled nurses. This issue should be considered in the light of possible bridging programs in the area of mental health. Such programs would require nurse educators who are qualified mental health nurses. The Committee recommends:

RECOMMENDATION 8(18): That the enrolled mental health basic program not be re-introduced; that mental health nursing be developed as a post basic specialty for enrolled nurses.

Professional and Industrial Issues

Unqualified Personnel

8.59. Of great concern to members of the nursing profession is the existence of large numbers of unqualified personnel working in nursing homes as nursing assistants who have no formal training in nursing care. In Western Australia there are approximately 1600 unqualified people employed to provide nursing care in these settings. The Committee believes that all caregivers should be suitably qualified and registered with the Nurses Board. It supports only two levels of nursing qualification, ie, the general nurse and the enrolled nurse.

8.60. The anticipated consequences of planned revisions to the Private Hospitals Regulations under the Health Act will be to increase the need for registered enrolled nurses as there will be a compulsory component of enrolled nurse care for every patient in nursing homes. Although the new regulations will provide a higher component of registered general and enrolled nurses in

the private sector, there will still be a proportion of nursing assistants employed. However, the Committee was advised that it is the policy of the Health Department to phase this group out of public hospitals by natural wastage over a five year period.

8.61. This occurrence suggests the need for a manpower study in relation to enrolled nursing - see Recommendation 8(2).

The Committee recommends:

RECOMMENDATION 8(19): That, given a likely increased demand for the services of enrolled nurses in the private sector, increased places should be provided in the enrolled nurse program for eligible nursing assistants.

Student Status

8.62. A major concern of the Hospital, Service and Miscellaneous Workers Union, as evidenced in its submission to this Committee, is to ensure that any transfer of the enrolled nurse program, in whole or in part, to the TAFE sector does not involve students in providing rostered service in hospital wards for less than award rates. This issue was the focus of some debate in the Australian Capital Territory recently.

8.63. In 1981, in an attempt to improve the quality of its hospital based basic nurse education programs, the Capital Territory Health Commission (CTHC) introduced a three year general nursing course with students engaged in basic training having "student" status, with an allowance of $2000 per annum. As a result of a challenge by industrial and professional bodies, the Federal Court decided that the students were employees, and should be paid accordingly. The course was then restructured and the students reverted to employee status. The CTHC nurse student intakes have since been based on award conditions of employment.

8.64. The Committee envisages students being supported by a TEAS allowance while completing the college component of their course. The Technical Education Division reports that they have had no problem in obtaining TEAS approval for other pilot programs they have mounted. During this period students would participate in hospital clinical practice sessions on a supernumerary basis. However, if students became rostered in hospitals for an extended period of clinical practice, it is expected that they would be remunerated in the same way as under the current system. This extended period of clinical practice might occur if the program were established as a three semester course followed by a fourth semester "internship" or supervised clinical practice.

Financial Issues

8.65. The Committee recognises that changes in the enrolled nurse education program will have cost implications for the State and the Commonwealth. The evaluation of the proposed pilot program will have relative costings as a major part of its brief. Three issues arise in regard to a transfer of enrolled nurse education to tertiary education, to be considered at that time.

- A transfer to the Technical Education Division of the Education Department of WA will increase the education portion of the State budget as TAFE institutions (including the regional colleges - Hedland and Kalgoorlie) are State funded bodies. Transfer to colleges of advanced education for an associate diploma qualification will require Commonwealth funds.

- Students who would have received salaries for their rostered service in a hospital based program must be replaced by qualified personnel whose salaries will be greater than those of the students. The issue to be addressed is the replacement ratio of qualified staff to students, as the replacement staff will not be absent for 480 hours of theory.

. The ACT case identifies an issue with regard to the payment of college based students engaged in the clinical experience portion of their course. This issue has implications for the arrangement of theoretical and practical components of a tertiary level course in Western Australia.

SUMMARY

8.66. The Committee has reviewed the issues relating to the supply of registered enrolled nurses in Western Australia and how these nurses are best educated. It concluded that the Health Department must review manpower needs in order to ensure that sufficient graduates are produced. The Committee also discussed the desirability of transferring the education of enrolled nurses to post secondary education and proposes the establishment of a pilot program in the TAFE sector, to be evaluated with a view to complete transfer at some later stage, if successful.

CHAPTER 8 - NOTES

1. The Nurses Board of Western Australia, 1978.
2. The Nurses Board of Western Australia, 1978.
3. "Goals in Nursing Education" Policy Statement of the RANF, College of Nursing Australia, New South Wales College of Nursing and the National Florence Nightingale Committee of Australia, April 1976.
4. Quoted in Australian Nurses Journal, Vol.12(6) 1982.
5. Nurse Education and Training: Report of the Committee of Inquiry to the Tertiary Education Commission (1978), p.86.

CHAPTER 9 - THE REGISTERED MOTHERCRAFT NURSE

BACKGROUND

The Role of the Mothercraft Nurse

9.1. Mothercraft nurses are auxiliary personnel in the nursing profession who are trained to provide care for well children from birth to primary school age. Such nurses work in a variety of settings including day care centres, kindergartens and private homes. The Nurses Board of Western Australia carries a separate register for mothercraft nurses and, in 1983, there were 295 individuals thus registered.

9.2. Mothercraft nurses have been traditionally trained in an on-the-job model in the same way as other nursing groups. However, the majority of major nursing organisations have considered for some time that changes are desirable. In their 1976 Goals in Nursing Education program they supported the following objectives for mothercraft nursing. (1)

- The nurses of Australia believe that - there should be two categories of nursing personnel, the professional nurse and the auxiliary* nurse.
- Education programs for auxiliary nurses should be funded through the appropriate education authority such as the Technical and Further Education Commission. **
- Education programs which prepare auxiliary nursing personnel should be conducted by multi-disciplinary education institutions at the sub-tertiary level.
- Programs which prepare auxiliary nurses to work with well infants and pre-school children (mothercraft nurses/child care nurses) should provide theoretical content and practical experience of sufficient breadth to enable graduates to practise in a variety of child care services with adequate supervision by professional nurses who hold appropriate nursing qualifications in child care.

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* all nurses not three year trained.
** Technical and Further Education Commission has since been replaced by the Commonwealth Tertiary Education Commission.

Functions and Competencies of the Mothercraft Nurse

9.3. In order to meet the requirements for mothercraft registration with the Nurses Board, students must indicate that they have the competencies listed below. **(2)**

- Understand and respond to the child's emotional needs for love, trust and acceptance.
- Demonstrate skill and caring in inter-acting with children.
- Provide a safe and appropriate physical environment for children.
- Demonstrate skill in observing, recording and reporting.
- Plan, implement and evaluate programs appropriate to each child's level of development and to meet any special needs, with a balance of rest and activity.
- Appreciate the importance of play and understand the principles of how children learn.
- Display knowledge of children's play equipment and its variety of uses according to development and situation.
- Recognise and use a positive approach towards common behaviour variations.
- Endeavour to assist parents in improving nurturing skills and understanding their child's behaviour.
- Understand the need to enhance parents' self esteem and facilitate, where possible, the continuance or establishment of mutually rewarding parent/child relationships.
- Recognise signs of disturbed family relationships which may affect the child.
- Provide appropriate support for children from varying social and cultural backgrounds.
- Assist with establishment of breast or artificial feeding and plans nutritional diets for children at various ages.
- Observe principles of hygiene and dental health in caring for babies and children.
- Provide effective first aid in emergencies.
- Store and administer common oral and topical drugs in accordance with the Nurses Board Policy.
- Understand the relevant preventative measures to be taken for common communicable diseases of childhood.

THE CURRENT SITUATION IN WESTERN AUSTRALIA

Mothercraft Nursing: Trends in Student Statistics and Registrations

9.4. The supply of mothercraft nurses, as the information in Tables 9(1) and 9(2) makes clear, has remained remarkably stable in the period 1975-1983. The number of nurses registered increased somewhat, at an average annual growth rate of 2.7 per cent. Commencements in the program were up slightly at 4.8 per cent and graduates increased by only 5.9 per cent. Wastage is historically moderate, under 15 per cent in most years.

TABLE 9(1): MOTHERCRAFT NURSING STUDENT STATISTICS 1975-1983

YEAR	COMMENCEMENTS	WASTAGE(%) [1]	TOTAL STUDENTS	GRADUATES [2]
1975	42		42	34
1976	40	2	52	42
1977	38	8	49	39
1978	34	3	47	35
1979	38	16	47	32
1980	35	6	46	34
1981	39	15	48	30
1982	42	24	52	32
1983	44	14*	52	36

1) Wastage prior to 1979 refers to total withdrawals as a proportion of total students; subsequently it describes the wastage in the year's entry cohort. Hence, wastage figures are not complete until fifteen months have passed and the year's intakes have graduated.

2) Applicants successfully passing the examination of the Nurses Board.

* complete figures not available

TABLE 9(2): MOTHERCRAFT NURSES REGISTERED WITH THE NURSES BOARD OF WA (as of 31 December)

YEAR	REGISTRATIONS	% CHANGE FROM PREVIOUS YEAR
1975	233	
1976	247	6.0
1977	256	3.6
1978	279	9.0
1979	266	-4.7
1980	304	14.3
1981	293	-3.6
1982	321	9.6
1983	295	-8.0

9.5. While the overall growth rate over the period has been in keeping with general trends in population growth, this masks considerable variation from year to year.

The Ngal-a Home and Training Centre

9.6. Since April 1949, the Ngal-a Home and Training Centre* in South Perth (known as the Alexandra Home until 1959) has been responsible for the training and education of mothercraft nurses, and also for child health training as a post basic option for registered general nurses. In recent years their education programs have been conducted in conjunction with a wider brief to augment community services for child care and to families in need of support.

9.7. Originally the Centre catered primarily for the needs of single expectant mothers and children awaiting adoption on a residential basis. However, as the need for children's day care and family residential care facilities increased, with a corresponding reduction in the need for the residential care of its original clientele, Ngal-a responded by expanding and altering the nature of their services. Currently Ngal-a services include the following:

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* Ngal-a is a private organisation guided by a number of advisory committees. However, most of its revenue is derived from public sources.

Child Care - Residential

Short term emergency care in times of family crisis and stress. Respite care for lone parent families and families coping with a handicapped child.

Child Care - Day Care

Full-time care for children of lone parent families who are working or studying.

Sessional care - regular part-time for families with special needs - children with physical/intellectual handicaps.

Emergency care - short term care in times of family crisis.

After hours care - for children of shift workers.

This care includes - kindergartens, play schools, and parent groups.

Family Care - Residential

Guidance in parenting, child behaviour and management skills as well as physical care.

Assistance to disabled parents and their children.

Assistance in the restoration of the family unit.

Individual programs for the development of social skills.

Short term emergency housing relief during extreme family crisis in 'at risk' families, allowing time to plan the future with direction.

Family Care - Parent Groups

These groups provide education for effective parenting. They assist parents to find ways and means of improving their relationships with their children.

Antenatal

Care and education for young women awaiting the birth of their babies.

Mothers are offered care and guidance in achieving a high standard of mothercrafting skills.

Private Hospital

For mothers and for their children who are in need of:

For mothers and for their children who are in need of:

. antenatal care;
. postnatal care;
. convalescence;
. rehabilitation; and
. care during any deteriorating conditions affecting the mother and her children.

After Hours Emergency Child Health Telephone Service

This is a Statewide service for families requiring immediate advice/guidance in the care and management of young babies.

9.8. The mothercraft training program remains an important part of Ngal-a's service to the community and it continues to be adapted to meet the needs of a changing community.

Entry Requirements

9.9. Individuals wishing to enter mothercraft nurse training are currently required to have completed Year 10 with credit passes in two of English, Science and Social Studies at intermediate level and a pass in the third, or such other qualification as the Board deems to be equivalent or higher.

9.10. In recent years, many applicants have been at Tertiary Admission Examination level, as is illustrated in Table 9(3) below. This has caused some problems with the level of the program.

TABLE 9(3): COMPARISON OF EDUCATIONAL ENTRY LEVELS OF MOTHERCRAFT NURSES COMMENCING IN THE YEAR ENDING 31 DECEMBER 1983 AND 1978

	YEAR 12		YEAR 11		YEAR 10		OTHER QUALIFICATION		TOTAL	
	78	83	78	83	78	83	78	83	78	83
MOTHERCRAFT	8	28	3	4	23	9	-	3	34	44

9.11. The Committee noted that the implementation of the McGaw Report in the upper secondary school curriculum would have important effects on the educational entry requirements to basic nursing

programs including mothercraft nurse training. The Committee was advised that the Nurses Board was undertaking a review of the matter. The Committee recommends:

RECOMMENDATION 9(1): That the Nurses Board complete its review of entry requirements to basic nursing programs as a matter of urgency and make its decisions widely known in the community as soon as possible.

Educational Program: Mothercraft Nursing

9.12. Ngal-a provides learning opportunities for students in both residential and occasional 24 hour care of children 0-5 years. This is closely related with clinical experience under the supervision of registered nurses, kindergarten teachers and social workers on the staff.

9.13. The course is of fifteen months' duration. There are three intakes of about twelve students annually resulting in a total population of 48-50 students.

9.14. Intakes over the past decade have remained generally stable as reference to Table 9(1) makes clear. Currently, there are 300-500 applicants for each twelve vacancies. The study program is arranged in blocks and comprises eleven weeks of study, interspersed with periods of supervised experience in neonatal nurseries; birth to one year nurseries, toddlers day care and residential facilities; pre-school centres and postnatal wards and nurseries in maternity hospitals.

9.15. The course has been adapted to meet the needs of the community in the following areas.

. Maternity hospital practical experience: This has increased the student's knowledge and skills to enable him/her to care for mother and baby during the post natal period in the private home/maternity hospitals.

- Private home caring: The student attends the client's private home following an initial assessment visit by Ngal-a's school of nursing staff. The reasons for home care are varied, and definable guidelines are laid down by Ngal-a to enhance student/client rapport. As private mothercrafting is a source of employment to the mothercraft nurse, this component of training is invaluable.

- Day care and pre-school experience: The registered mothercraft nurse offers expertise in the areas of physical, social and emotional health of children and is acutely aware of the environmental factors affecting family dynamics. The mothercraft nurse is encouraged to interact with the child's family and promote health education at every opportunity.

Employment Settings for Mothercraft Nurses

9.16. There are currently limited employment opportunities for mothercraft nurses. They work in a variety of public and private settings, particularly day care centres and kindergartens. There seems to be some private sector demand for mothercraft nurses to act as nannies.

The Child Care Certificate

9.17. An alternative to mothercraft nursing for those individuals who wish to work with young children is the Child Care Certificate course which is conducted by the Technical Education Division of the Education Department of WA. It offers a Technical and Further Education certificate to its students through the Department of Community Care Studies (TAFE). It is a broadly based course, originally devised to provide assistants for kindergarten teachers; more recently, the bulk of graduates have been employed in day care centres. The Child Care Certificate course is offered by Perth Technical College and is given in both full-time and part-time modes. The full-time quota is forty students annually. In addition, Perth Technical College offers the course on an external studies basis for full-time students in major country centres. The external program is

offered at two centres on a cyclical basis for two years at a time; hence students must enrol full-time. The number of enrolments in these country centres is dependent upon demand and the availability of places for supernumerary practical experience.

9.18. The TAFE Child Care Course is available in two forms:

1. Full-time two year Certificate in Child Care

This course gives comprehensive training in all aspects of caring for children from birth to six years of age. Entry is very competitive. There is a practical emphasis (approximately 50 per cent of total hours), with students working three days each week in a child care facility. A heavy program of assignments is required. Students must be at least seventeen years old on 1 January in the year in which the course is commenced and must have completed the Achievement Certificate with credit passes in two subjects at intermediate level and passes in two other subjects at intermediate level.

The curriculum covers such areas as Child Development, Human Health, Children's Literature, Practical Guidance, Newborn and Toddler Care, Music with Children, Human Communication, and the Family and Society.

2. Part-time Certificate in Child Care

The full Certificate is available over four years. The same conditions apply for entry as for the full-time course. Practical requirements are met by three block periods, of a minimum of 126 hours each, in three specific areas of training: postnatal nursery, a child care facility for children birth to three years of age and a child care facility for children three to five years of age.

9.19. Information from the Technical Education Division indicates that in 1983 some 48 students were enrolled full-time in the course, with another 71 part-time enrolments.

9.20. In 1982 a Task Force comprised of representatives from concerned bodies throughout Australia was established. It had the brief of producing a national core curriculum based on the Instructional Systems model of curriculum development for TAFE child care courses throughout Australia. The Task Force investigated duties and tasks that a TAFE Child Care graduate could be expected to perform. For these tasks and duties to be carried out appropriately, it was considered that a nationally acceptable course of child care training should: (3)

- provide students with studies in
  - the nature, course and variations in early human development;
  - the skills and attitudes necessary for fostering growth and development in the early years;
  - the most appropriate ways of planning for, and guiding, young children;
  - the knowledge, skills and attitudes necessary for providing care of the newborn baby in a maternity unit of a hospital;
  - basic administrative skills;
  - ways of expressing and receiving ideas effectively;
  - ways of facilitating the development of relationships with people and in selecting appropriate methods of communicating with people; and
  - the changing structure and function of the family in society.
- provide students with a nationally agreed minimum amount of supervised practical placement experience in an agreed variety of child care settings.
- specify the minimum competencies and relevant standards to be applied to a nationally agreed curriculum core for the child care field, whilst still allowing flexibility for curriculum development according to particular State/Territory needs.
- provide the children's services field, on a national basis, with appropriate people who have the necessary knowledge, skills, safe practices and attitudes to maintain high standards, promote the field and adapt to change with the field.

9.21. The above guidelines are followed by the Technical Education Division in their Child Care Certificate course.

EVALUATION AND ISSUES

9.22. The Committee agreed that there was duplication and overlap in the Mothercraft Nursing and Child Care Certificate courses. The nature of the training program for mothercraft nursing limited the employment opportunities of those graduates, given that growth in the industry was in day care centres rather than hospital oriented settings. It considered that these questions of supply and demand required some action to ensure that trained graduates from both courses had access to employment.

9.23. In its discussions, the Committee recognised that each of the programs has advantages and disadvantages. The following summary for each course categorises those advantages and disadvantages into groups: student-related, curricula, cost and professional status issues.

Mothercraft Nursing Course at Ngal-a: Advantages and Disadvantages

9.24. Students

- Students earn a salary while training (weekly rates as of July 1984 were $177.10 for first year and $194.90 for second year students); salaries invite access from disadvantaged groups into the program.

- Subsidised accommodation is available, further reducing student expenses.

- Students are required to live-in during training. This is resented by some, particularly mature age students.

- Students work a 40 hour week on rostered duty with 40 hours of class contact during study block weeks. The fifteen month training period includes a three week holiday break.

9.25. Curricula

. Students learn by interaction with children aged birth to five years and their families in residential and occasional care over a 24 hour period.

. Continuous supervision is provided by teaching and clinical staff in the mothercraft course.

. There is a tendency to rote learning and didactic teaching. Only basic education (including library) resources are available.

. Course material is not currently organised in child development sequence; hence, for example, the maternity experience, including care of neonates, is presented late in the course.

. There is no opportunity to interact with students from other courses.

9.26. Costs

. The costs of running Ngal-a are somewhat reduced because of the student workforce since they are paid less than qualified personnel.

. Ngal-a is currently subsidised by the State for its child care services and for the nursing salaries. Some Commonwealth funds are received as a contribution to the day-care function. There is concern that should the mothercraft training program cease, the State subsidy could be withdrawn or changed.

9.27. Professional Status

. Mothercraft nurses are eligible for membership in a professional organisation, the Royal Australian Nursing Federation.

- Mothercraft nurses can obtain registration with the Nurses Board of Western Australia and other Australian Nurses Boards upon qualification.

- The course is not recognised for credit either for general nurse training or in the general education stream.

Child Care Certificate Course: Advantages and Disadvantages

9.28. Students

- Some students may be denied access to a career working with young children because no salary is payable to those undertaking the Child Care Certificate course.

- Full-time students are eligible to receive a TEAS allowance.

- Students are not required to live in special accommodation.

- Students in the TAFE Child Care Certificate course work to the Technical Education Division teaching year.

9.29. Curricula

- Students are not part of a rostered work force but gain practical experience in areas related to their studies through supernumerary service in a variety of day care centres, kindergartens and post natal nurseries.

- The TAFE Child Care Certificate is more broadly based than is possible in an apprentice type of program.

- TAFE students do not have the opportunity to care for children and families over the 24 hour period.

9.30. Professional Status

- The Certificate in Child Care is recognised Australia-wide and is supported by the Technical and Further Education Division in accordance with a national core curriculum.

- Graduates are accepted as meeting the entry requirements to and are given some credit in the Diploma of Teaching (Early Childhood) at the Western Australian College of Advanced Education (Churchlands) and WAIT.

- The qualification is not currently registrable, as is mothercraft nursing, with the Nurses Board.

- Membership of the Kindergarten Assistants Association is available to those with a Child Care Certificate qualification.

Amalgamation

9.31. For some time, many members of the nursing profession have supported the view that the education of auxiliary nurses working with children be undertaken in post secondary education institutions (see paragraph 9.2). Amalgamation of the Mothercraft Nursing course with the Certificate in Child Care (TAFE) offered by the Technical Education Division has been seen as the means of achieving this goal.

9.32. The Committee noted that discussions on the possibility of amalgamation had been in progress for some time. The Nurses Board established a working party to pursue this possibility in July 1982, and considerable progress was made. The Ministers for Health, Education, and Community Welfare were kept informed of developments and appeared to be supportive.

9.33. The major advantage of merging the two courses was seen as being able to provide the best features of each course by offering a combined TAFE certificate and registration as a mothercraft nurse upon completion. This is a pattern which has developed successfully in Victoria.

9.34. Agreement was reached in principle on the development of a combined course with a tentative commencement date of 1985. The proposal was for a two year, college based course, leading to a Certificate in Child Care Studies and registration with the Nurses Board. The theoretical component was to be conducted by the Department of Community Care Studies (Technical and Further Education Division). Field experience could be obtained at Ngal-a, maternity homes, nurseries, day care and pre-school centres and other community agencies. The graduate would be known as a child care nurse.

9.35. The proposal was for two intakes per year of 25. Students would be able to apply for TEAS allowance. Opportunities were to be provided for existing Child Care Certificate holders and mothercraft nurses to undertake bridging units to obtain dual qualifications.

9.36. In April 1984, State Cabinet rejected this proposal. However, the Committee recommends:

RECOMMENDATION 9(2): **That the State Government reconsider the amalgamation of the mothercraft nursing program with the TAFE Child Care Certificate course.**

RECOMMENDATION 9(3): **That, should amalgamation be achieved, the Health Department provide replacement staffing levels to Ngal-a so that its community services can be maintained.**

RECOMMENDATION 9(4): That, should amalgamation be achieved, the Ngal-a Committee of Management make available supernumerary experience for students undertaking TAFE based child care courses.

9.37. Given the recent decision by Cabinet not to merge the Mothercraft Nursing program at Ngal-a with the TAFE Child Care Certificate course, it seems likely that the two courses will co-exist separately for the immediate future. While the State Government reconsiders the issue the Committee believes that, in the interim, some changes are desirable in the interest of students. It has proposed improvements to both the Mothercraft and Child Care Certificate programs to make them more compatible with each other and to facilitate possible amalgamation at a later date.

Improvements to Ngal-a Mothercraft Nursing Program

RECOMMENDATION 9(5): That the Ngal-a Committee of Management consider an extension of the study periods in the mothercraft program in order to reduce student stress.

RECOMMENDATION 9(6): That the Ngal-a Committee of Management review the rule that the Ngal-a students be resident.

RECOMMENDATION 9(7): That the Ngal-a Committee of Management review current provisions for annual leave for students to allow for at least two short breaks during the course.

RECOMMENDATION 9(8): That the Technical Education Division of the Education Department provide Ngal-a students with access to the Library and Resource Centre of the Community Care Studies Centre.

Improvements to Child Care Certificate Course

RECOMMENDATION 9(9): That the practical experience in both the Mothercraft and Child Care Certificate programs be made more similar; in particular the extension of care giving over afternoon and evening periods and private home caring, as neither is presently available to Child Care Certificate students.

RECOMMENDATION 9(10): That the Ngal-a Committee of Management offer to students enrolled in the Child Care Certificate course (TAFE) supernumerary experience at Ngal-a.

Dual Qualification

RECOMMENDATION 9(11): That the Ngal-a Committee of Management and the Technical Education Division provide opportunities for bridging studies to allow graduates from both courses to gain the dual qualification - the TAFE Certificate in Child Care and registration as a mothercraft nurse with the Nurses Board.

Industrial Issues

9.38. The possibility of amalgamation raises what could be a sensitive issue with regard to coverage by the appropriate industrial award.* Currently, most Child Care Certificate workers belong to the Hospital, Service and Miscellaneous Workers Union (HSMWU). Mothercraft nurses may join the Royal Australian Nursing Federation. Those mothercraft nurses working in day-care centres have the option of joining the HSMWU. Indeed, allowing employees to join the union which covers their place of employment has been the general solution for this problem.

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* Refer to Appendix 5 for details of awards.

9.39. However, the Committee was informed that, because of historical reasons, Child Care Certificate holders working in kindergartens command higher salaries than either mothercraft nurses or teacher aides. Mothercraft nurses have an award similar to that of enrolled nurses.

9.40. The Committee recognises that salary differences present an anomaly and that amalgamation could require some negotiation on appropriate award conditions for the child care nurse.

SUMMARY

9.41. The Committee focused its deliberations in connection with mothercraft nurses on the desirability of implementing a plan for the amalgamation of the Mothercraft Nursing program located at Ngal-a with the Child Care Certificate course offered by the Technical Education Division. It sees educational advantages for both programs in such an amalgamation and acknowledges the enhanced employment opportunities for graduates with a dual qualification. In the interim it proposes improvements to both courses.

CHAPTER 9 - NOTES

1. "Goals of Nursing Education - Policy Statements" Australian Nurses Journal, April 1976 (includes National Florence Nightingale Committee of Australia; New South Wales College of Nursing; Royal Australian Nursing Federation; College of Nursing, Australia).

2. Nurses Board of Western Australia, 1978.

3. "An Australian National Core Curriculum for TAFE Child Care Courses" Australian Journal of Early Childhood, Vol 9(1), March 1984, p.26.

CHAPTER 10 - THE REGISTERED DENTAL NURSE

BACKGROUND

10.1. The practice of dentistry in Western Australia is aided by the services of a variety of qualified personnel in addition to the dentist. They include:

- dental nurses;
- dental therapists;
- dental assistants; and
- dental technicians.

10.2. While this Committee was concerned most directly with the number and education of dental nurses, its examination revealed anomalies in the nature of the duties performed by these groups of people and the nomenclature used to describe them. This report, therefore, considers the roles and functions of each group in order to clarify the position of dental nurses.

THE DENTAL NURSE

Role of the Dental Nurse

10.3. A dental nurse is a member of a health team responsible for identifying and applying, under defined circumstances, appropriate techniques to assist patients maintain optimal dental and general health. These techniques may be of a practical skill nature and/or the application of basic health education concepts.

Functions and Competencies

10.4. To provide skilled and comprehensive patient care and expertise in assisting the general and specialist/dental practitioner in the hospital and community, at the completion of this course the dental nurse will be able to:

- select appropriate techniques and nursing skills to assist people to maintain optimal dental and general health;

- apply relevant knowledge from health sciences and relate such knowledge to the field of dental nursing, so as to implement appropriate nursing care;

- apply behavioural science concepts to dental health needs and utilise interpersonal skills in meeting the needs of individuals, including patients, dental personnel and community members;

- recognise the role of a dental nurse as a health team member and accept responsibility for actions and decisions, both legally and ethically; and

- act on the recognition of the need for continuing professional and personal development.

In order to meet the registration requirements of the Nurses Board, dental nurses must satisfy the competencies detailed in Appendix 17.

Dental Nursing: Trends in Student Statistics and Registrations

10.5. Tables 10(1) and 10(2) provide information on the supply of dental nurses in this State. There has been a substantial growth in the register in the past decade, an average annual rate of 11 per cent, although there are marked fluctuations from year to year. The figures on students have also fluctuated with a decline of 62 per cent in commencements and 38 per cent in graduates. Wastage in the program is moderate compared with other categories of nursing.

TABLE 10(1): DENTAL NURSING STUDENT STATISTICS 1975-1983

YEAR	COMMENCEMENTS	WASTAGE % [1]	TOTAL STUDENTS	GRADUATES [2]
1975	55	22	55	34
1976	38	21	82	26
1977	49	35	86	46
1978	48	31	90	26
1979	33	21	82	19
1980	35	3	74	38
1981	30	30	63	26
1982	33	9*	55	34
1983	21	0*	62	21

1) Wastage prior to 1979 refers to total withdrawals as a proportion of total students; subsequently it describes the wastage in the year's entry cohort. Hence, wastage figures are not complete until two years have passed and the year's intakes have graduated.

2) Applicants successfully passing the examination of the Nurses Board.

* complete figures not available

TABLE 10(2): DENTAL NURSES REGISTERED WITH THE NURSES BOARD OF WA (as of 31 December)

YEAR	NUMBER OF REGISTRATIONS	% CHANGE FROM PREVIOUS YEAR
1975	83	
1976	135	62.7
1977	125	-7.4
1978	140	12.0
1979	172	22.9
1980	162	-5.8
1981	200	23.5
1982	190	-5.0
1983	213	12.1

Entry Requirements

10.6. The Nurses Board minimum entry requirements for dental nursing include passes in four TAE subjects (grade 6 or better) including English or English Literature and a science subject.

Applicants also require mathematics at 10th year, elementary level or better. The standards are similar to those in general nursing - see paragraph 5.13.

10.7. Dental School requirements also include proficiency in typing and first-aid. Commencing students must be at least seventeen years of age.

Educational Program

10.8. The dental nurse program is offered through the School of Dental Nursing. This School was established in 1949 to provide adequate assistance and support for the clinical members of the Faculty of Dentistry, University of Western Australia. It operates from the Perth Dental Hospital which is a public hospital controlled by the Perth Dental Hospital's Board, providing a full range of dental services for those in the community who qualify for treatment at the hospital. It also provides the clinical training facilities for students enrolled in the Faculty of Dental Science, University of WA. For a number of years, the behavioural sciences component of the course has been taught by the Western Australian College of Advanced Education.

10.9. Dental nursing is a basic program provided in a hospital setting. It was originally three years in duration but was reduced to two years in 1971. The course is also available as a post basic option to registered general nurses over a twelve month period.

10.10. There are usually two intakes annually of twenty students each into the program. Learning experiences involve a wide range of settings, enabling the student nurses to appreciate their own roles as well as those of other health professionals, and to have the ability to apply knowledge in the critical analysis of dental nursing and the profession.

10.11. In the educational plan, the first period of nine weeks is allocated to pre-clinical instruction. After successfully completing this phase, students are rostered to departments and

metropolitan clinics of the Perth Dental Hospital. Student nurses return at specified intervals to receive further theoretical instruction in the School of Dental Nursing under a "block" system, similar to other nursing courses.

10.12. During the course student nurses are rostered to one of the three country clinics situated at Bunbury, Albany and the Goldfields (Boulder).

10.13. School of Dental Nursing examinations are held following each course of lectures, with the final examinations at the end of the second year being conducted by the Nurses Board of Western Australia. Following successful completion of this examination, the nurse is eligible for registration as a registered dental nurse.

10.14. The syllabus for dental nurses is given in Appendix 18.

Employment Settings

10.15. Employment is usually at the Perth Dental Hospital where there are 100 registered dental nurses, or with the Dental Health Service. In the latter case, the dental nurse is attached to a clinic where there are also dental officers (registered dentists) or dental therapists. In this capacity, the dental nurse assists in maintaining an efficiently operating clinic by contributing to and coordinating a number of professional and administrative tasks.

10.16. At the present time (July 1984) there are thirteen dental nurses working with the Dental Health Service of the Health Department of Western Australia, of whom three are supervisors. The remaining ten are charge nurses at the major centres in the metropolitan area.

10.17. The Dental Hospital provides staff nurses for four metropolitan clinics, three country clinics, three mobile dental clinics, outstation units in major teaching hospitals and a domiciliary

service. In school health programs and rural areas the dental nurse can work independently of a dentist. Some dental nurses are employed in private practice, especially with oral surgeons.

10.18. Dental nurses assist dentists in the various departments of the Dental Hospital, University of Western Australia Faculty of Dentistry in dental health education, operative dentistry, prostodentia, exodontia, periodontia and in the operating theatre. They also participate with dentists in four handed procedures at the chairside.

DENTAL THERAPISTS

10.19. Dental therapists have obtained their training either by a course offered through the Health Department or by WA Institute of Technology.

Role of the Dental Therapist

10.20. A dental therapist works under the direction and control of a dentist for the purpose of assisting the dentist in the prevention, control or treatment of dental disease.

10.21. Dental therapists, who, under current law must be female, are licensed under the provisions of the Dental Act. As such they may conduct certain oral procedures in the private sector and also in the Dental Health Service. Details of their duties are set out in Appendix 19.

10.22. In general, dental therapists are educated to perform a range of clinical duties, including the preparation and filling of teeth, extraction of deciduous teeth, radiography, scaling and polishing of teeth, impression-taking and the application of fluoride and other solutions to teeth and gums. The Committee was told that the therapist is also an educator whose role is to change attitudes by educating the community in the principles of preventive dentistry and motivating the individual into taking a personal interest in complete dental health.

10.23. The regulations governing the activities of dental therapists require that:

> Where clinical treatment of a patient is to be carried out by a dental therapist, the dentist under whose direction and control the treatment is to be given shall examine the patient before the treatment commences and also after the treatment within such times as is prescribed, and whilst he is not in full-time attendance shall remain reasonably available for consultation. (1)

10.24. However, in many rural areas the dental therapist works under the indirect supervision of a regional dental officer, both in schools and the community generally.

Education, Training and Employment

10.25. Until January 1984, there were two dental therapy courses available in Western Australia. The course which operated under the auspices of the Public Health Department at the School of Dental Therapy, Mount Henry Hospital, has now ceased. The remaining course is offered at WAIT and qualifies successful students for an associate diploma after two years of study. The WAIT Dental Therapy syllabus is provided in Appendix 20.

10.25. In the past, graduates of the Health Department program have been guaranteed employment in the Department following their training. This is not true for those in the WAIT course, most of whom work in the private sector. There has been an overall reduction in the number of dental therapy graduates from about 60 annually when both programs were operational to 15 or 20 from the WAIT course, currently, there are approximately 400 dental therapists employed by the Health Department, primarily in the School Health sector.

The Debate within the Dental Therapy Profession

10.27. For the past seven years there has been a controversy regarding the practice of dental therapy within this State. Graduates from the Mount Henry course have been unable to become registered with the Western Australian Dental Board because of claimed limitations in the curriculum for periodontal care.

This has reduced the possibility of graduates working in the private sector. As periodontal disease primarily affects the adult population, the majority of Mount Henry graduates are employed in the School Health program.

10.28. With the cessation of the Mount Henry course there have been renewed efforts by their graduates (Western Australian Association of School Dental Therapists) requesting the Minister for Health to make changes in the legislation regarding registration.

DENTAL ASSISTANTS

10.29. Dental assistants are also known as dental chair assistants and dental clinic assistants. Theirs is a lesser qualification than that of dental nurses or cental therapists and can be gained by attendance at one of two courses in Western Australia.

Role of the Dental Assistant

10.30. Individuals in this category assist the dentist as receptionist and attendant in the surgery. Dental assistants prepare the client for dental attention and, on instruction from the dentist, assist in the care of the patient during treatment. The dental assistant cleanses and prepares the clinic for patients under instruction from the dentist or dental nurse.

10.31. If employed by the Health Department, the dental assistant may assist the dentist, dental nurse or dental therapist. The Health Department presently employs approximately 160 dental assistants.

Education, Training and Employment

10.32. There are two courses available for persons wishing to train as dental assistants.

. Certificate in Dental Clinic Assisting: This is a full-time TAFE course offered at Perth Technical college by the Technical Education Division of the Education Department.*

. Dental Assistants Training Course: This part-time course is offered under the auspices of the Dental Assistants Association of Australia (WA Branch). It requires the candidate to have been employed by a dentist for six months prior to commencement. Lectures are held at Mount Lawley Technical College.

* On completion of this course, graduates are eligible for membership in the Dental Assistants Association. The course can be taken by correspondence by candidates outside the metropolitan area under the supervision of the employing dentist who acts as tutor.

10.33. Dental assistants are employed in both the private and public sectors. Any employed in the Health Department must have received training in either of the two courses mentioned although those in private practice are not required to be qualified. Applicants from rural areas are encouraged to enrol as correspondence students.

DENTAL TECHNICIANS

10.34. Dental technicians are employed, under the direction of dentists, in the making of dentures. The course which prepares dental technicians is a four year apprenticeship with theory components provided by the Technical Education Division leading to a TAFE award. Prior to the commencement of training, a potential student must be employed by an authority able to provide clinical practice. This can be done in the Perth Dental Hospital or in private practice. There is one small intake of students annually, with no guarantee of employment upon completion. Legislation currently pending in State Parliament may alter the role of dental technicians.

EVALUATION AND ISSUES

Changing Nature of Dental Practice - Supply and Demand Issues

10.35. The practice of dentistry is undergoing dramatic changes. There has been an 80 per cent reduction in dental caries in recent years because of improved oral hygiene, the School Dental Service and fluoridation of water. The result has been a

substantial decline in manpower needs for dentists, dental nurses, and dental therapists coupled with a change in the role of each of these categories. A reduction in the number of dental therapy graduates reflects this change. However, greater demands are now being made on the restorative skills of dentists and such demands could involve a higher level of skill on the part of dental nurses and therapists and greater involvement in what is described as the "four handed approach".

Changing Nature of Dental Practice - Education Implications

10.36. Faced with these developments affecting the number and nature of employment opportunities for dental nurses and dental therapists, the question arises whether two separate needs exist or will continue to exist. The Committee observed that a single program, or a core program with options, for dental nurses/therapists might be desirable in providing for greater flexibility in employment prospects and better public understanding of the profession. If this were appropriate, it might be achieved in a way which widened the horizons of students by bringing them into contact with students in other nursing fields and in other areas of study.

10.37. The Committee sees much merit in a detailed examination of the advantages and disadvantages of a common program or core and options. Such an examination should not be conducted on the basis that a transfer from a hospital based program to a college based program is predicated. Rather it should be undertaken against a background of optimising the best of what exists and adapting it to meet the projected needs of the community in this area of activity.

10.38. Because the roles of dental therapists and dental nurses are altering as dentistry changes, the Committee is of the opinion that confusing nomenclature and overlap in the nature of the duties of the dental health team are issues which must be reviewed. It understands that exploratory discussions, with representatives of various sectors in the dental profession, have been held regarding the establishment of a professional to be called a dental hygienist. The proposed duties of a dental

hygienist would encompass those of the dental therapist. Such proposals have arisen from a view that the greatest threat to teeth is now gum disease, and its control in adolescents and adults is essential to prevent loss of teeth from this problem. The Committee wishes the review of the dental nurse/dental therapist role to include consideration of this new category of dental paraprofessional.

10.39. While the Committee was aware that there appeared to be some overlap in the professional competencies of the various groups involved in the practice of dentistry, it acknowledged that there was insufficient time to study this question in regard to the education of dental nurses in the required detail. The Committee was, therefore, of the view:

RECOMMENDATION 10(1): That the Western Australian Post Secondary Education Commission consult with the Health Department, nominees of the School of Dental Nursing and the Western Australian Institute of Technology to ascertain the practicability of common or shared dental nurse/dental therapy programs and their implementations.

RECOMMENDATION 10(2): That the Dental Board of WA review the nomenclature of the various groups of persons involved in the dental health process with the goal of simplifying and rationalising it.

Industrial Issues

10.40. Within the dental profession each category of personnel is covered by a different award (see rates in Appendix 6). Any attempt to rationalise the education and practice of dental nurses and dental therapists must carefully review the duties of such people and take cognisance of current award conditions.

SUMMARY

10.41. The Committee recognised that changes in the nature of dentistry are having important effects on the roles and duties of the various groups which assist dentists in their work. The major recommendation of the Committee focuses on the need to review the demand for these groups and to evaluate the appropriateness of their current training.

CHAPTER 10 - NOTES

1. Hospitals Act 1927, paragrapah 50A. See also Appendix 19.

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